DOCUMENT RESUME

ED 433 948 PS 027 932

AUTHOR	Horsch, Karen, Ed.; Weiss, Heather B., Ed.
TITLE	Evaluation Options for Family Resource Centers.
INSTITUTION	Harvard Family Research Project, Cambridge, MA.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.; Ford Foundation, New York, NY.
PUB DATE	1998-04-00
NOTE	127p.
AVAILABLE FROM	Harvard Family Research Project, 38 Concord Avenue, Cambridge, MA 02138 ($10). Tel: 617-495-9108; Fax: 617-495-8594; e-mail: hfrp_gse@harvard.edu; Web site: <http://hugse1.harvard.edu/~hfrp>.
PUB TYPE	Reports - Evaluative (142)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Community Programs; Evaluation Criteria; *Evaluation Methods; Evaluation Problems; Evaluation Research; *Family Programs; Program Evaluation
IDENTIFIERS	*Family Resource and Support Programs; Stakeholders

ABSTRACT

Family resource centers (FRC) are emerging as a promising program approach to solving urgent social problems. Evaluation plays an important role in learning how these programs work, what their impact is, and whether they should be expanded. However, FRCs pose unique challenges to evaluation. This report considers the challenges to evaluating FRCs, illustrated by an evaluation of a hypothetical FRC. The report describes the program and presents three alternative evaluation designs: (1) participatory; (2) user-focused; and (3) experimental/quasi-experimental. Issues and tradeoffs arising in employing any evaluation approach are considered. The report identifies similarities and differences in the three approaches regarding how research questions are clarified, how data needs are identified and data collected, how data are reported and analyzed, and how evaluation is organized. Strengths and limitations are identified, and the report suggests that integrating the approaches can be most helpful to evaluating FRCs and similar community-based programs. The report provides an overview of considerations when evaluating community-based programs such as deciding how to engage the community and stakeholders and identifying needed data and data collection instruments. The report draws three notable conclusions: (1) monitoring program implemention to see how interventions unfold and to test the assumptions underlying the program model is vital; (2) evaluation must be viewed as an important resource to promote continuous organizational learning; and (3) evaluators must increase their repertoire of skills to include technical expertise, interpersonal relations, and negotiation skills. Five appendices include sample evaluation reports of the hypothetical FRC. Contains 43 references. (KB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 433 948

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Evaluation Options for Family Resource Centers

Karen Horsch
Heather B. Weiss

Editors

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Ann B. Hannum

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Harvard Family Research Project
Cambridge, MA

BEST COPY AVAILABLE

PS 027932

Evaluation Options for Family Resource Centers

Karen Horsch
Heather B. Weiss

Editors

Harvard Family Research Project
Cambridge, MA

This work is funded through grants from the Annie E. Casey Foundation
and The Ford Foundation.

Harvard Family Research Project
38 Concord Avenue, Cambridge, MA 02138
Tel: (617) 495-9108 Fax: (617) 495-8594
hfrp_gse@harvard.edu; http://gseweb.harvard.edu/~hfrp

© April 1998 by the President and Fellows of Harvard College (Harvard Family Research Project). All rights reserved. No part of this publication may be reproduced in any form without written permission of the Harvard Family Research Project. Printed in the United States of America.

ACKNOWLEDGMENTS

The Harvard Family Research Project would like to thank everyone who participated in the production of this report: Michele Cahill of the Fund for the City of New York; Cynthia M. Duncan of the University of New Hampshire; Pelonomi Khumoetsile-Taylor; Karen Horsch of HFRP; Merita Irby of the International Youth Foundation; Kathleen McCartney of the University of New Hampshire; Karen Pittman of the International Youth Foundation; Sally K. Ward of the University of New Hampshire; and Becky A. Winslow of Georgia's Policy Council for Children and Families and the Initiative for Children and Families. HFRP is also grateful for the contributions of Leslie Brunetta, Jessica Chapel, Sybilla Dorros, Ann Hannum, Cinque Hicks, and M. Elena Lopez.

EVALUATION OPTIONS FOR FAMILY RESOURCE CENTERS

Table of Contents

Preface

Contributors

Evaluating a Family Resource Center
Karen Horsch

I. Introduction
II. Family Resource Centers and the Challenges to Evaluating Them
III. Old Grove's Early Childhood Education and Family Support Center Initiative
IV. Evaluating an FRC: Three Illustrative Cases
V. Addressing the Challenges of Evaluating FRCs: The Strengths and Limitations of the Three Evaluation Designs
VI. Undertaking Evaluations in Community-based Settings
VII. Conclusion

Bibliography

Appendices

A. Summaries of the Old Grove Case and Three Evaluation Designs
Karen Horsch

B. Hypothetical Case: Old Grove's Early Childhood Education and Family Support Center Initiative
Pelonomi Khumoetsile-Taylor

C. Mixing It Up: A Participatory Evaluation of Old Grove's FRC
Karen Pittman, Merita Irby, and Michele Cahill

D. A User-Focused Evaluation of Old Grove's FRC
Becky A. Winslow

E. Evaluating Old Grove's FRC Using an Experimental/Quasi-Experimental Approach
Sally K. Ward, Kathleen McCartney, and Cynthia M. Duncan

Glossary

PREFACE

Family resource centers (FRCs), and community-based organizations like them, are emerging as a promising program approach to solve some of our nation's most pressing social problems. With their family-centered philosophy, neighborhood-based foundation, collaborative focus, and delivery of a diverse set of services, FRCs offer the potential to improve outcomes for children and their families. It is important, however, that we learn as much as we can about them — how they work, what their impact is, and whether they should be expanded. Evaluation plays an important role in helping to answer these questions.

FRCs pose unique challenges to those seeking to evaluate them. Among these challenges is the fact that they are largely new and untested models, often operating in highly political environments where expectations of them, and the evaluation, are high. Additionally, FRCs are distinguished from traditional categorical approaches to social services. They often involve multiple stakeholders, require integrated services approaches, and have multiple goals as well as funders. These characteristics pose challenges for evaluation as well. The frequent lack of data as well as a shortage of expertise and resources further constrains evaluation work.

This report considers these issues and constraints in light of the evaluation of the Robinswood Family Resource Center, a hypothetical FRC. The report describes Robinswood and presents three alternative approaches to evaluating it (a participatory design, a user-focused design, and an experimental/quasi-experimental design).

The report highlights some of the issues and tradeoffs that arise in employing any evaluation approach. It points out that the three evaluation designs presented for the FRC have both similarities and differences in how the research questions are clarified; how data needs are identified and data collected, how data are reported and analyzed, and how the evaluation is organized. Each of the approaches has strengths as well as limitations, and the report suggests that it is perhaps the integration of different aspects of these approaches that can be most useful to the evaluation of FRCs and community-based approaches like them.

Following a comparative analysis of the three approaches, the report provides an overview of things to be considered when undertaking an evaluation in a community-based setting. These considerations include: defining the purpose of the evaluation, identifying the constraints, deciding how to engage the community/stakeholders, deciding who will conduct the evaluation, defining the research questions, establishing the evaluation design, identifying data needed and data collection instruments, collecting the data, analyzing the data, and disseminating the findings.

The report draws three conclusions of particular note. First, for new and untested models such as FRCs, monitoring program implementation to see how the interventions unfold and to test the assumptions underlying the program model is vitally important. Second, evaluation must be viewed as an important resource to promote continuous organizational learning. Each of the three

designs addresses this in both the way stakeholders are engaged in the evaluation process and in how information is provided back to them. Finally, these evaluations point out that evaluators must increase their repertoire of skills not only to include technical expertise but also to be skilled in interpersonal relations and negotiation skills.

Evaluation Options for Family Resource Centers provides practical information about different evaluation designs. By using a realistic prototype of a child and family program, and presenting alternative plans for evaluation, we hope that this report will assist those facing similar evaluation design problems to conduct better evaluations and thereby improve child and family programs and policies.

Heather B. Weiss
Director
Harvard Family Research Project

CONTRIBUTORS

Michele Cahill is a Vice President of the Fund for the City of New York, where she founded and directs the Youth Development Institute. Previously she was Vice President and Director of School and Community Services at the Academy for Educational Development, where she was responsible for developing and managing programs and evaluations related to educational reform, school-community collaborations, and interventions to improve outcomes for children and youth.

Cynthia M. Duncan is Associate Professor of Sociology at the University of New Hampshire, where she teaches undergraduate and graduate courses in stratification, social change and development, political sociology, and social policy. She also works with community development groups and community foundations. She has written numerous journal articles and edited *Rural Poverty in America*.

Pelonomi Khumoetsile-Taylor is an attorney. She is currently a doctoral student at the Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, Massachusetts. Her research interests are cultural competence, the law, and African-American families, with a special emphasis on and interest in the roles that race, ideology, and politics play in determining or frustrating healthy outcomes for children.

Karen Horsch, a Research Specialist at the Harvard Family Research Project, received her B.A. from Franklin and Marshall College and her M.A. from the University of Virginia. She is currently working toward her doctorate in education at Harvard University. Her previous work experience includes strategic planning and the design of monitoring and evaluation systems for international development programs in education and health and population.

Merita Irby is Manager for Learning and Issues Development at the International Youth Foundation. She is co-author of *Urban Sanctuaries: Neighborhood Organizations in the Lives and Futures of Inner-City Youth*. Ms. Irby has also worked as Program Officer for Research and Evaluation at the Center for Youth Development and as Special Assistant to the Director of the President's Crime Prevention Council.

Kathleen McCartney is Associate Professor of psychology and of family studies at the University of New Hampshire. She is also the Director of the UNH Child Study and Development Center. Her central research interest concerns early experience and development and includes theoretical work on behavior genetics and empirical work on child care and early childhood intervention.

Karen Pittman is the Director of Programs for the International Youth Foundation. A sociologist and recognized leader in the youth development field in the United States, Ms. Pittman started her career at the Urban Institute. Since 1995, she has served as the Director of President Clinton's Crime Prevention Council. A widely-published author, Ms. Pittman has written three books and dozens of articles on youth issues and is a regular columnist and public speaker.

Sally K. Ward is Professor of Sociology at the University of New Hampshire. Her teaching and research interests include social policy, applied sociology, evaluation research, and urban sociology. She is conducting research on the transition to adulthood and on nonmarital childbearing.

Heather B. Weiss is the founder and Director of the Harvard Family Research Project at the Harvard Graduate School of Education. She writes, speaks, and advises on child and family policy, family support programs and systems, and innovative evaluation strategies; is a consultant to numerous foundations on early childhood and family initiatives; and serves on the editorial boards of *The Future of Children, Children and Youth Services Review*, and *Applied Developmental Science*.

Becky A. Winslow currently serves within the Department of Human Resources as a Project Director with Georgia's Policy Council for Children and Families and the Initiative for Children and Families. She is responsible for leading the results accountability/evaluation and information strategic planning and development work. She is a nurse by profession and an educator, having taught at Johns Hopkins University and Emory University.

EVALUATION OPTIONS FOR FAMILY RESOURCE CENTERS

Evaluating a Family Resource Center

I. Introduction

This report presents three designs for an evaluation of a hypothetical family resource center. This center, developed by Pelonomi Khumoetsile-Taylor, a research assistant at the Harvard Family Research Project (HFRP), is typical of the comprehensive, community-based facilities increasingly used to provide services to families and children. The three evaluation designs we present represent those commonly used to evaluate such programs. The first, a participatory approach, was developed by Karen Pittman and Merita Irby of the International Youth Foundation and Michele Cahill of the Fund for the City of New York. The second, a user-focused evaluation, was designed by Becky A. Winslow of the Georgia Department of Human Resources. Finally, Sally K. Ward, Kathleen McCartney, and Cynthia M. Duncan of the University of New Hampshire present an experimental/quasi-experimental design.

The evaluation field continues to change, which provides opportunities to try different approaches. We have deliberately chosen three very different evaluation designs, all in widespread use, in order to highlight the options that exist for evaluating FRCs and the issues that arise when employing each. The first is a participatory approach, which represents some of the latest thinking in evaluation. It is an approach that many find particularly appealing for the evaluation of community-based initiatives. The second is a user-focused model (also called knowledge-driven or self-evaluation) developed over the last 20 years.[1] It demonstrates how evaluation can be used to build local capacity. The third is an experimental/quasi-experimental design, which has traditionally defined most evaluation endeavors.

This report begins with a brief introduction to the background of FRCs and a discussion of the challenges they pose for evaluation. We continue with a discussion of the different evaluation designs, including a summary of their strengths and limitations and the tradeoffs involved in employing them. We then provide some guiding questions to assist those undertaking evaluations of similar comprehensive and community-based programs. We have also provided the case study of the FRC and all of the evaluation designs in their entirety. We reiterate that the purpose of this report is to highlight several different approaches to evaluating the same set of activities — the designs should not be considered "recipes" or "plans" but ways to understand different evaluation strategies, choices, and trade-offs.

We anticipate three audiences for this report: those who conduct evaluations of comprehensive, community-based programs; those who oversee such evaluations; and those who teach or study evaluation methodology. Those responsible for evaluating comprehensive, community-based

[1] Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice, 16*(1), 59-68. See also Patton, M.Q. (1996). *Utilization-focused evaluation: The new century text* (3rd ed.). Thousand Oaks, CA: Sage Publications.

initiatives may want to focus their attention on the discussion of the three evaluation designs (Section IV) and their strengths and limitations (Section V) in order to begin to determine which evaluation components best fit their needs. This audience will find the discussion of issues to consider when undertaking such evaluations (Section VI) particularly useful. We have presented this section as a set of steps that need to be considered when conducting such evaluations. Those responsible for oversight or commissioning of evaluations may also want to focus on the discussion of the strengths and limitations of the different designs (Section V). For those less familiar with comprehensive, community-based programs, this report provides a broad overview of FRCs and some of the challenges faced by those evaluating them. For these two audiences, we have also provided brief summaries of the hypothetical case of Old Grove and each of the evaluation designs. These summaries are located in the appendices.

Finally, we view this report as an important resource for those who teach or study evaluation methodology. We believe that this report, by examining different approaches to evaluating the same program, begins to elucidate some of the important methodological constraints, conflicts, and opportunities that can arise when conducting evaluations. For this audience, the case study and the designs in their entirety will also be useful (Appendices B, C, D, and E).

II. Family Resource Centers and the Challenges to Evaluating Them

FRCs first became popular in the 1970s, and since then have increasingly played a key role in many national, state, and local efforts to develop more comprehensive and integrated child and family service systems. Four characteristics define FRCs:

- A family-centered philosophy in which services are delivered to whole families rather than to individual children or adults
- A neighborhood-based model of planning and operation resulting in a set of services that are appropriate for the target population and accessible to it
- Some form of collaboration or coordination designed to reduce the fragmentation often experienced by the recipients of social services
- Core provision of family support and parenting services and various other health, education, and social services.[2]

The Robinswood FRC presented in this report is in many ways typical of the integrated, comprehensive, and community-based initiatives that are now being implemented across the country. The nature of FRCs such as Robinswood can confound evaluation efforts.

A new and untested model: FRCs are a new approach to the delivery of social services and are thus an untested model. Many people look to community-based and collaborative approaches such as the FRC in this case study as the way to address some of the most pressing concerns

[2] Shaw, K.M., & Farquharson, K. *The evaluation of family center based family support programs: Challenges posed by a comprehensive approach to service delivery*. Unpublished manuscript, Harvard University, Harvard Family Research Project, Cambridge, MA.

about social services: problems generated by fragmentation and duplication of services often caused by the existence of multiple providers. Indeed, the Robinswood FRC is one part of a larger city-wide systems reform effort designed to address some of these important issues.[3] The establishment of FRCs implies changes not only in individual interventions but also in the entire system that provides services to children and families. Given the newness and importance of FRC initiatives such as Robinswood, evaluators are challenged to find innovative ways to evaluate them — ways that help to improve individual programs but that also inform the larger policy discussion. Further complicating the evaluation of such programs is the frequent desire to document the extent of collaboration among those who deliver services.

High expectations and high stakes: FRCs, advanced as a new mechanism to address substantial problems in the delivery of social services, are surrounded by high expectations. As noted in the Old Grove case study, the FRC was formed to "work for positive change in the development, educational achievement, job readiness, self-advocacy, economic self-sufficiency, and social, physical, and mental health of Old Grove's low-income children and families." In addition, many stakeholders want the program to show significant outcomes quickly so that they can gain support for it. Moreover, in the case of Robinswood, the evaluation is intended to assess the capacity of FRCs to accomplish systems reform as well as to provide a basis for discussion of program expansion to other communities. Such high expectations and the fact that important decisions will be made on the basis of the evaluation results pose substantial challenges for the evaluators.

Politics: FRCs, as ambitious new social services initiatives, often find themselves in an intensely political environment. They have both strong supporters and strong detractors. In the Old Grove case study, for example, Councilman Friendly opposes expansion of the program and exerts pressure from the outside, while Sheila Shine, a manager, opposes the program from the inside. The political context in which an evaluation will take place is an important consideration to take into account when designing an evaluation that must be accepted by both skeptics and defenders.

Stakeholder involvement: As community-embedded programs, FRCs such as Robinswood require maximum input from multiple stakeholders. Indeed, goals such as citizen participation are often an integral part of these programs. Stakeholders include program personnel — both front-line staff and managers — who often have a substantial interest in the evaluation and its results. The input of many stakeholders, while valuable in ensuring that programs are responsive to needs, poses substantial challenges to evaluators because each stakeholder may hold a different perception of the program's goals, the purpose of the evaluation, and the credibility of different evaluation designs and methods.

Integrated delivery approach: FRCs, like Robinswood, emphasize case management and a single point of entry for the delivery of services. This means that they often provide a comprehensive set of services and that the "package" of services differs for each client. This delivery mechanism makes it difficult to design an evaluation that can distinguish the effectiveness of different

[3] For additional information on system reform efforts and the challenges associated with them, see the Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures*. Baltimore, MD: Author.

interventions.[4] Additionally, linking outcomes with services provided at the community facility is difficult as there are many intervening variables that affect how families and communities are affected by the support they receive. Finally, finding and choosing appropriate measures (those with known psychometric properties, those that have been tested and proven, and those that are applicable to diverse groups) for some areas of expected impact can be challenging.

Multiple and often unclear goals: FRCs such as Robinswood, by their nature, have multiple goals — they serve various clients and seek to address the unique needs of each. As noted above, community-based programs may also have a goal of increased collaboration among those entities providing services. Stakeholders may hold differing views of the program's goals and these may conflict. Such multiple, often unclear, and sometimes conflicting goals characteristic of community-based programs make the design of an evaluation, particularly one addressing outcomes, difficult.

Multiple funders: The Robinswood FRC, like many others, is funded by several entities. In the case of Robinswood, funders include the state, the federal government, and foundations. School districts make in-kind contributions. Each funder has different expectations for the evaluation and each imposes different time frames and deadlines on the program and its evaluators.

Varied family characteristics: Characteristics of the population served by many FRCs create challenges for the delivery of services and for evaluation. Linguistic and cultural diversity requires that programs address the unique needs of each group, are respectful of their different cultures, and engage in inclusive and sensitive collection and interpretation of evaluation data. Additionally, the frequently high level of mobility of the populations served by FRCs creates additional programmatic and evaluation challenges.

Problematic data: The Robinswood FRC is also typical in terms of data collection and information systems. While there are extant data, these data are not linked, are located in different places, and are not the data most useful for evaluation purposes. Additionally, the lack of integrated management information data and confidentiality regulations that prohibit the sharing of data further constrain evaluative work.

Lack of expertise: As noted in the Old Grove case study, the family workers do not have sufficient training or understanding of child development and this affects the way they interact with families and the services they can provide. In this sense, the Robinswood facility is similar to many FRCs. This situation challenges evaluators to recognize both the constraints lack of expertise imposes on an evaluation and the need to build capacity.

Small evaluation budget: For many community-based organizations, the amount of money allocated to evaluation is small, especially given the often high expectations for evaluations. While the evaluation budget of $100,000 per year for the Robinswood study is comparatively large (both in absolute terms and in terms of the proportion of the program budget allocated to evaluation), the requirements for the hypothetical study are also demanding.

---

[4] For further discussion, see Travers, J., & Light, R. (1982). *Learning from experience: Evaluating early childhood demonstration programs.* Washington, DC: National Academy Press.

III. Old Grove's Early Childhood Education and Family Support Center Initiative

A coalition of representatives from Old Grove came together to develop a plan to improve children's long-range education, developmental, health, and well-being outcomes. The coalition included city council members, community and child welfare advocates, businesspeople, and representatives from the local hospital, schools, and social services agencies. The central feature of this initiative is the development of neighborhood-based, community-managed family centers that incorporate and coordinate a range of child and family services at a site located near an elementary school.

The initiative is beginning the first year of a five-year funding period. Presently, one FRC, the Robinswood Early Childhood and Family Resource Center, has been established. If it succeeds, four other FRCs, with similar program designs will be implemented over the next five years. The yearly FRC operating budget of $600,000 comes from state, federal, and private funds.

The centers will serve a diverse population made up mostly of white, African-American, and Puerto Rican families living in communities where and working-class families and families living in poverty predominate. FRC services are open to low-income families living in the targeted communities and having children aged 11 and under.

The FRC service delivery model was designed to provide coordinated services in which case management is used to organize delivery and referral of services. Mandated services for all Old Grove FRCs include case management; home visits; parent education classes; adult literacy classes; English as a Second Language (ESL) classes; health and development screening for children; tutoring for school-age children; enrichment programs for preschool-age children; child care; toy lending; support groups; mental health, substance abuse, family planning, budgeting, housing and other appropriate family counseling services; father-focused parenting and support group services; and employment training.

An executive management team (EMT) was set up to get the project through the hiring, recruitment, and start-up phases. The EMT was intended to be partially phased out and replaced with a community advisory board (CAB) for each center. The EMT sets minimum service delivery parameters and approves funding and spending for all FRCs. It is intended, however, that each center's CAB will plan, implement, and evaluate services and procedures and delegate outcome responsibility.

Two foundations are funding two thirds of the five-year FRC evaluation costs and the state is funding the remainder. The evaluation budget is approximately $100,000 per year for five years (the total budget is $500,000). Each of the funders has its own program performance reporting requirements — one measures impact and outputs and wants only quantitative measures; another measures process and outcomes and seeks both quantitative and qualitative measures; the third desires information about implementation and would also like quantitative and qualitative measures. In addition to the evaluation funders, the city of Old Grove and the governor, as well

as several community groups, have an interest in learning about the viability of the FRCs. These entities have exerted pressure on the Robinswood center and those conducting the evaluation to submit an interim report in 18 months.

Evaluators will have access to data from the school district and local social service and public health agencies. These data include family profile forms, adult educational and vocational training records, child care and education records, developmental screening and assessment forms, family and child service plans, family service contact forms, and referral forms.

IV. Evaluating an FRC: Three Illustrative Cases

This section discusses the three evaluations commissioned for the hypothetical Robinswood FRC: participatory, user-focused, and experimental/quasi-experimental. While these evaluations represent some typical approaches used to evaluate community-based initiatives, they do not exhaust the evaluation possibilities. One approach increasingly used today is "theory of change" evaluations.[5]

The three evaluation designs presented for the Robinswood FRC have both similarities and differences. In this discussion, we focus on four aspects: clarifying the research questions, identifying data needs and collecting the data, analyzing and reporting the data, and organizing the evaluation.

Clarifying the Research Questions

Integral to any evaluation are the questions it is expected to answer. Different stakeholders often have differing, and sometimes competing, expectations for the evaluation and negotiating these can be a challenge. The three evaluations included in this report offer various ways to identify the questions that the evaluation of Robinswood is to answer.

In the participatory evaluation of Robinswood, the evaluation questions arise from a consensus among the key stakeholders about the goals and expectations for the program. The evaluation consultants[6] propose a retreat to help the CAB clarify what it perceives to be the goals and expectations of the program. This retreat would result in the identification of categories of goals (the evaluators suggest five possible categories: individual, strategic, implementation, service,

---

[5] Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 65-92). Washington, DC: The Aspen Institute. See the discussion of the use of theories of change for evaluation of family support programs in the Harvard Family Research Project. (Winter 1996). *The Evaluation Exchange*, pp. 10-11.

[6] The term *evaluation consultant(s)* is used in this paper to refer to the person(s) who designed the evaluation(s) discussed.

and impact). Following the retreat, the CAB would work with the evaluation consultants to develop an evaluation framework. Stakeholders, including staff, participants, community leaders, other service providers, and funders, are then involved in a "mixing-it-up" process during which they discuss and react to the framework. This approach, while time consuming, ensures that all voices are heard and needs are addressed to the extent possible. The research questions in this design thus derive from conversations among the stakeholders, facilitated by the evaluation consultants. They are evolving and come from the information different stakeholders would like to have about the program, not necessarily from the analyses that were used to design it.

Evaluation Philosophy

The three evaluation approaches differ in their views about the purpose and role of evaluation. The participatory approach begins from the view that evaluation is an inherently value-laden process and that it thus must incorporate the viewpoints and opinions of those who have a stake in a program. There is less emphasis on one objective "truth" and greater focus on multiple perspectives.[7] The user-focused evaluation also emphasizes the shared interests of stakeholders. It proceeds from the view that evaluation is an integral part of the organizational process "rather than an event."[8] As such, monitoring and evaluation capacity must be institutionalized such that they continually inform planning and implementation.[9] The experimental/quasi-experimental designs begin from the premise that the goal of evaluation is to provide an objective assessment of a program. Their most important aim is to draw causal inferences between program interventions and results; therefore, the strength of the methodology and the quality of the data are of utmost importance.

In the user-focused evaluation of Robinswood, the research questions also derive from a facilitated process among the different stakeholders. As noted in the evaluation, the objectives for the FRC are not clearly stated. Thus, in this design, key informants, including community residents and FRC staff, will be interviewed to obtain their perceptions and expectations for the program as well as the questions the evaluation should address and the types of information they would find most useful. Community involvement in an assessment of community context and the risk and protective factors in the community will allow the identification of a set of reasonable objectives that can be evaluated. Integral to this work is an evaluation steering committee, composed of policy and program manager level representatives from the major partner agencies

[7] Brown, P. (1995). The role of the evaluator in comprehensive community initiatives. In J. P. Connell, A.C. Kubisch, L.B. Schorr, and C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 209-210). Washington, DC: The Aspen Institute.

[8] Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice*, 16, 59-68. p. 59.

[9] Cousins, J.B., & Earl, L.M. (1992). The case for participatory evaluation. *Educational Evaluation and Policy Analysis, 14*(4), 397-418. pp. 2-3.

and of state and local evaluators, which is responsible for ensuring that others are included. The three phases of the study would allow the evaluation to answer questions about policy/context and program implementation, process, and impact.

Three sets of research questions guide the experimental/quasi-experimental design for Robinswood. They derive from the design of the program. The experimental/quasi-experimental evaluation of the Robinswood facility, the evaluation consultants note, is intended to provide evidence about the effectiveness and efficiency of the planned service delivery model; to demonstrate the effects of participation in the Center services on the families enrolled; and to examine the long-term outcomes for the community as a whole.

Identifying Data Needs and Collecting the Data

In several ways, the data to be collected and the means to collect them are similar across the three evaluation designs. All suggest that data about service provision and some outcomes be gathered from administrative/archival records (so-called hard data). Interviews, observations, and focus groups, of providers as well as clients, will provide information on program processes (such as which services are most needed and most effective) as well as outcomes (such as parenting style and social competence). Secondary sources (such as, for example, indicator data from the Annie E. Casey Foundation's *KIDS COUNT* reports[10]) would provide further information about results as well as information about community trends. The data to be collected in the participatory evaluation of Robinswood are agreed upon through a consensual process among stakeholders, consistent with the research questions they have identified. Evaluators solicit views from stakeholders about the program during the data collection process (through focus groups, interviews, and surveys) and they are also invited to review interim findings and to provide suggestions for changes in the program and the evaluation. The evaluation consultants

The Role of the Evaluator

Comprehensive, community-based initiatives often require that the evaluator play a more active role than he/she may traditionally have. The primary role of the evaluator undertaking a participatory evaluation is to establish the parameters for the evaluation and to build local ownership of the process by involving stakeholders. The evaluator in the user-focused model not only provides important technical expertise but also works with community members to develop their skills to gather data and use them in an ongoing fashion to modify and improve programs. The evaluator employing an experimental or quasi-experimental design is often believed to provide a more "objective" examination of a program or organization.

[10] KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. The initiative publishes an annual *KIDS COUNT Data Book*, which provides data on the educational, social, economic, and physical well-being of children.

suggest that flexibility is necessary in the collection of the data; they propose that the data collection be based in-house and that data be collected and disseminated frequently. Integral to the establishment of a good information base, the consultants note, is formalization of the documentation process (such as regularly scheduled focus groups and surveys). Once research questions and data needs have been identified, data collection efforts need to be regularly scheduled and conducted by persons with expertise in quantitative and qualitative methods. The evaluation consultants play a crucial role in making decisions about indicators by providing expertise and informing stakeholders of the implications of their choices for the validity of the evaluation.

In the user-focused approach to the Robinswood evaluation, data needs have been identified by the evaluation steering committee in conjunction with stakeholders. Data collection proceeds in three phases, focusing on context (including community history), implementation, and impact. The contextual information, the evaluation consultant notes, is important in interpreting the findings of the evaluation: Such information provides insight into causes and explanations that may not derive from the data themselves. The use of a comparison group in the analysis of program impact enables the community to evaluate itself against similar communities and serves as a quasi-control.[11] The collection of longitudinal data for both the Robinswood community and the comparison communities in the third phase enables the stakeholders at Robinswood to disengage the effects of other interventions or changes in the context from the effects of the program itself. The development of an information system is integral to this design. The evaluation consultant proposes that the system be planned jointly by front-line staff and program managers. The use of computer software is necessary to ensure quality and consistent data collection and coding.

The evaluation consultants employing the experimental/quasi-experimental approach to the Robinswood evaluation rely on both qualitative and quantitative data to answer the three sets of research questions. To answer the first set of questions about staff training and service delivery, the consultants propose a quasi-experimental design in which center staff serve as their own control group. In the implementation study, program staff as well as participants will be surveyed and interviewed about their perceptions of the program as well as their suggestions for change. This, the consultants note, allows for maximum input from staff and participants on system changes. Answers to the second research question, that related to child- and family-level outcomes, require a randomized experiment involving two treatment groups and a statistically selected control group supplemented by a nonequivalent control group chosen from another neighborhood similar to Robinswood. Finally, a quasi-experimental interrupted time series design would be used to answer the third set of questions related to community-level outcomes. These designs would enable the evaluation consultants to answer key questions about program outcomes and causal linkages.

---

[11] Usher (1995) calls this "common-sense" evaluation — residents of a community generally gauge their quality of life by making comparisons with other similar communities and take action on the basis of this information. This approach is integral to the user-focused evaluation process.

Analyzing and Reporting the Data

As discussed above, in the participatory evaluation of Robinswood, the data that stakeholders most value are those that are identified through a consensual process. The evaluation consultants work with stakeholders to identify their needs and coordinate the data collection effort. They share results with stakeholders on an ongoing basis. The designers of the participatory evaluation for the Robinswood facility suggest that a newsletter would serve as a useful vehicle for making the evaluation results available to the community.

In the user-focused evaluation of Robinswood, reports and verbal feedback are provided frequently to stakeholders. In the second and third phases of the evaluation, both of which evaluate process and impact, stakeholders help to provide and interpret the data. The capacity for self-evaluation is fostered by having staff participate in the review and discussion of findings. In building self-evaluative capacity, the evaluation consultant works closely with FRC staff, especially program managers and front-line staff, in the development of a management information system. As noted by the consultant, communicating the process, impact, and outcome findings for all three phases requires great care. The steering group, the evaluation manager, and the evaluation consultant must all work to ensure that stakeholders are informed and that their questions and concerns are addressed. The designer of this Robinswood evaluation proposes numerous reports, disseminated at each phase of the study, to assist in getting the information to community members and other stakeholders.

In the experimental/quasi-experimental model, the evaluation consultants analyze the data although they share findings with stakeholders in a timely fashion. The consultants suggest that results from the first set of questions be presented as soon as possible as part of focus groups. A written report of the first 18 months of the study would be submitted to the funding agencies and the CAB. The evaluation consultants additionally propose the organization of several community forums to present the results to other stakeholders.

Organizing the Evaluation

The organization of an evaluation, including staffing, roles and responsibilities, timing, and resources, is an important consideration when conducting it. All three designs for Robinswood rely on evaluation consultants in the implementation of the evaluation although they differ as to the specific role the consultants play.

The designers of the participatory evaluation of the Robinswood FRC liken the role of the evaluation consultant to that of an architect — he/she offers clients a structured way to discuss what they need and want and helps them to clarify the evaluation's purpose and design. Thus, this approach requires an evaluation consultant team to facilitate and guide the evaluation process and to ensure that stakeholders are actively engaged. The team provides expertise on key issues such as indicators, design validity, and data collection instruments. This design also heavily engages the two governance entities of the Robinswood FRC, the EMT, and the CAB.

These entities, as key stakeholders and liaisons to other stakeholders, play a vital role in helping the evaluation consultants to guide the evaluation process. The consultants also suggest that an evaluation committee be established to work with them.

An evaluation steering committee made up of interested stakeholders is an integral part of the user-focused evaluation of Robinswood. This group would have several responsibilities: helping to define the purposes and audiences for the evaluation; acting as a sounding board in the development of the evaluation design; communicating the intent and periodic findings of the evaluation; and guiding and championing the evaluation so it enhances the initiative. Integral to the success of this model is the designation of an individual having responsibility to organize and manage the self-evaluation. This person must be part of the community and is responsible for seeing that the evaluative work is done and integrated with planning and management. The evaluation manager ensures that the evaluation stays on track and that reports and findings are available when needed for program planning and policy decision making. The design also calls for the involvement of an experienced evaluator, ideally from a local university. This consultant helps to build the self-evaluative capacity in the community. This person is a member of the steering committee and his/her function is to ensure technically sound decisions regarding design, data collection, and methodology and that the data are analyzed and reported in a way that can be used to facilitate discussion, dialogue, and decision making. Keeping in mind the time and resource constraints imposed on the evaluation, the evaluation consultant proposes that the evaluation focus on the first two phases of the study in order to be able to disseminate results after 18 months. The use of a university-based evaluation team is also suggested as a more cost-effective way to conduct the evaluation.

In the experimental/quasi-experimental design, the evaluation consultants conduct the evaluation, including the design, data collection, and data analysis and reporting. The designers of this evaluation suggest that a university-based team conduct the evaluation. This would provide several advantages: evaluators experienced in various phases of the research effort, negotiable overhead, and comparatively low cost. The proposal designates a full-time study coordinator, who would be responsible for directing the study. Faculty members would serve as principal investigators and graduate students would assist in data collection, processing, and analysis. The research team would meet with the CAB every other month to discuss progress and solicit input to the evaluation effort. The use of a university-based evaluation team helps to make the most of the few resources available. The evaluation consultants suggest that the study focus on the first two research questions in order to produce findings in 18 months.

Key Dimensions of the Three Evaluation Designs

Dimension/ Evaluation Design	Participatory	User-Focused	Experimental/Quasi-Experimental
Clarifying the Research Questions	• CAB develops an initial framework of program goals and expectations and solicits input from other stakeholders • Stakeholders are actively involved in a mixing-it-up process • Questions arise from different perceptions and interpretations of the stakeholders	• Key informants are interviewed for their perceptions of the questions the evaluation should address • Stakeholders are actively involved • Three phases of study answer questions about policy/context and program implementation, process, and impact	• Questions derive from the stated goals and objectives of the program • The design encompasses three sets of questions: program implementation, outcomes for children and families, and outcomes for the community

Dimension/ Evaluation Design	Participatory	User-Focused	Experimental/Quasi-Experimental
Identifying Data Needs and Collecting the Data	• Process and outcome data • Data from administrative records, interviews, focus groups, surveys, and secondary sources		
	• Data that are valued by the stakeholders are most important • Data collection is based in-house • The documentation process is formalized • Stakeholders are actively involved in the collection of data • Evaluators provide technical expertise on measures	• Data needs are identified by stakeholders • Utility of data to stakeholders is essential • Data on comparable communities are collected for information on impact • Longitudinal data are collected for information on impact • Information system is jointly planned to ensure quality and consistent data	• Reliability and validity of data are essential • Staff and parents provide information on program experiences • Collection of data on comparison and control groups helps to make causal linkages

Dimension/ Evaluation Design	Participatory	User-Focused	Experimental/Quasi-Experimental
Analyzing and Reporting the Data	• Evaluators share results on a frequent basis with stakeholders • Newsletter provides timely information on evaluation progress and results	• Evaluators and the steering committee work to analyze the data and disseminate results • Frequent verbal and written feedback is provided to stakeholders • Stakeholders help to interpret the data in the second and third phases • Reports are disseminated at each phase of the study	• Data are analyzed by the evaluation consultants • Findings for first research question are to be shared as soon as possible • Written report of the first 18 months is provided to the CAB and funding agencies • Community forums share results with stakeholders

Dimension/ Evaluation Design	Participatory	User-Focused	Experimental/Quasi-Experimental
Organizing the Evaluation	• Evaluator plays the role of "architect" • Small evaluation team provides technical expertise and ensures stakeholder involvement • Evaluator engages the CAB and the EMT • Evaluation committee is composed of stakeholders to work with the evaluation team	• Evaluation steering committee is made up of key stakeholders • Evaluation manager organizes and manages the evaluation • Professional evaluator provides technical expertise and helps to build capacity • University-based evaluation team is used • Focus is on first two phases of the study to produce results in 18 months	• Evaluation team is preferably university-based • Full-time study coordinator will direct the study • Focus on first two research questions is to produce results in 18 months

23

V. Addressing the Challenges of Evaluating FRCs: The Strengths and Limitations of the Three Evaluation Designs

The three evaluation designs discussed here present three approaches to addressing the challenges of evaluating community-based programs. Each brings to the evaluation task numerous strengths as well as limitations. It is important to note that although these approaches have been presented here as three different, alternative models for the evaluation of a program, they should not be considered mutually exclusive. Indeed, there are aspects of these designs that overlap, and these designs are often combined in evaluations.[12] For example, a participatory evaluation approach might result in a decision to conduct an experiment or quasi-experiment later on in the process. Ideally, those responsible for the evaluation of comprehensive, community-based approaches should seek to identify which aspects of these evaluation designs are most useful for their purposes and to combine them such that the strengths of each are highlighted and the limitations minimized.

It is important to note as well that these three designs are similar in one important way. All three require a commitment on the part of the program *to learn* — to learn about the implementation of the program and to use this information to strengthen the program. Each design views evaluation as an important part of the implementation process — it helps to inform the implementation of the program and, as such, requires that the organization use the information garnered from the evaluation to "test" and refine the program model.

---

[12] A good example of an evaluation that blends a participatory and a utility approach is the evaluation of Minnesota's Early Childhood Family Education Program, Minnesota Department of Children, Families and Learning. June 1996.

Addressing the Challenges of Evaluating FRCs: the Strengths and Limitations of the Three Evaluation Designs

Evaluation Design/Challenge	Participatory	User-Focused	Experimental/Quasi-Experimental
High Expectations/High Stakes	Involving multiple stakeholders increases their understanding of the program and the evaluation and may make their expectations for both more reasonable. However, it is time consuming to gain "buy in." Additionally, as it takes time to reach agreement on program and evaluation goals, it may take time for evaluation results to be obtained. Localized program definition makes it more difficult to determine if program should be replicated.	Involving multiple stakeholders increases their understanding of the program and the evaluation and may make their expectations for both more reasonable. Improving local evaluative capacity also contributes to a better understanding of both the program and evaluation. However, it is time consuming to gain "buy in." A focus on capacity in one community makes it more difficult to determine if the program should be replicated.	Randomly selected and matched comparison groups make a strong design for drawing causal inferences about program results to inform decisions about expansion of the program. However, the lack of active input by stakeholders may make the evaluation seem very "external." As stakeholders are not as actively involved, expectations for the program and the evaluation may not be mitigated.

Evaluation Design/Challenge	Participatory	User-Focused	Experimental/Quasi-Experimental
Stakeholder Involvement	Involving stakeholders, including funders, in every step of the process increases affiliation with the evaluation and addresses varied perceptions. It also increases the likelihood that evaluation data will be used. However, it may be difficult, time consuming, and costly to bring everyone to the table and gain consensus. It also requires a sharing of control and facilitation expertise by evaluators. There is a potential concern about analytic distance and bias in the evaluation, especially by funders.	Evaluation manager and evaluation steering committee, drawn from the community, are responsible for engaging other stakeholders. This increases an affiliation with the evaluation and the likelihood that evaluation data will be used. However, it may be difficult, time consuming, and costly to bring everyone to the table and gain consensus. It also requires a sharing of control, commitment, and expertise by the steering committee and the evaluation manager and of facilitation and training expertise by evaluators. Additionally, it may be difficult, time consuming, and costly to engage community members. There is a potential concern about analytic distance and bias in the evaluation, especially by funders.	Evaluators include stakeholders in data collection and share findings with them through reports and community forums. This approach is less time consuming and potentially less costly and may be more satisfactory to funders. However, less stakeholder involvement may reduce affiliation with the evaluation and its results and may lead to collection of data with little utility beyond the evaluation.

Evaluation Design/Challenge	Participatory	User-Focused	Experimental/Quasi-Experimental
Varied Family Characteristics	Not addressed	Not addressed	Use of stratified samples helps to discern effects for different population groups
Problematic Data	Involving stakeholders helps to ensure that relevant and quality data are collected. Trust built among stakeholders early in the process may increase likelihood of information sharing. Formalization of documentation process addresses issues of data gaps. However, there may be concerns about data bias.	Involving stakeholders helps to ensure that relevant and quality data are collected. Trust built among stakeholders early in the process may increase likelihood of information sharing. Institutionalization of skills and a management information system help to ensure that data collection and use are ongoing. However, information systems development can be constrained by lack of resources, technical expertise, or understanding about its value. There are concerns about data bias when stakeholders collect the data.	Reliance on an expert evaluation team helps to ensure a quality design, data collection, and analysis process. However, stakeholders are not involved and do not learn how to maintain ongoing evaluative activities and to use the information to learn. It is not clear that information constraints will be overcome in this design.

Evaluation Design/Challenge	Participatory	User-Focused	Experimental/Quasi-Experimental
Small Evaluation Budget	The evaluation, by involving many people, can be time consuming and expensive. This is difficult when there are substantial budgetary and time constraints.	Resource and time constraints are taken into consideration by focusing the evaluation on the first two phases to achieve results in 18 months. A university-based evaluation team is used. However, the resources expended in building capacity will very much depend on the expertise that already resides in the community. Additionally, information systems can be costly.	The resource constraint is addressed by using a university-based team for the evaluation and using a quasi-experimental design to answer the first research question. The time constraint is addressed by focusing on the first two research questions in the first 18 months and preparing a report after this time.

Participatory Designs

Beginning from the view that evaluation is a value-laden process and that programs and entities are subject to different interpretations, the participatory evaluation presented here focuses heavily on community involvement. As noted by the designers of the participatory evaluation of the Robinswood FRC, "the success of an evaluation is due as much to the ownership of the process as it is to the strength of the results." The design therefore calls for the active and ongoing involvement of stakeholders in the process of defining the research questions, collecting data, and interpreting and reporting results. The evaluation consultants, in this approach, join the stakeholders in collaborating in the evaluation endeavor and thereby engage in a co-learning process with them.[13]

Collaborative approaches, such as this and the user-focused approach, have the benefits of increased access to participants, of the prospect of better quality data, and of more accurate rendering of participants' perspectives and experiences.[14] Such designs help to ensure that the evaluation questions that are answered are those that people closest to the program view as most relevant, and they help to build a collaborative process of engagement and empowerment at the community level. In doing so, the design recognizes that community approaches are often evolving and allows for the necessary learning and midcourse corrections that are often inevitable in such programs. The inclusion of funders throughout the evaluation helps to ensure that their expectations are met and may also help to build their commitment to the program and the evaluation. The "buy-in" engendered by such an approach frequently helps to increase understanding of the program and to guarantee that expectations about the evaluation are realistic. Another great strength of the participatory approach is the contribution it makes to ensuring that evaluation results are used. By actively including stakeholders in the process, the participatory design increases understanding and ownership of the results, promotes a greater sense of responsibility and obligation to follow through on the results, and heightens perceptions of the results as credible and persuasive.[15] Such an evaluation approach, by fostering the development of a broad constituency, also facilitates a discussion about the feasibility of replicating the program in other areas.

The involvement of many stakeholders, while no doubt the great strength of a participatory evaluation design, calls for compromises in other areas. First, community engagement and commitment may be difficult — they require a sharing of control. The CAB, in particular, relied on heavily in the design for Old Grove's FRCs, must be willing to be part of such a process. Second, it is often very time consuming to achieve consensus with multiple stakeholders; this is a

---

[13] Brown, P. (1995). The role of the evaluator in comprehensive community initiatives. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 209-210). Washington, DC: The Aspen Institute.

[14] Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*(4), 6.

[15] Rossi, P.H., & Freeman, H.E. (1993). *Evaluation: A systematic approach* (5th ed.), p. 416. Newbury Park, CA: Sage Publications.

particularly important issue in the case of the Robinswood FRC, where evaluation results are due after 18 months. Third, engaging multiple stakeholders has implications for resources as well. Such a process may be costly, particularly if outside expertise is required or if salaries or stipends are to be paid to those participating. Finally, the evaluators who are guiding the effort must have facilitation, pedagogy, and negotiation skills as well as expertise in evaluation design and methodology.

The guidance and structure provided by the evaluation consultants can help to make sure that the design of the evaluation is methodologically defensible. The active engagement of the consultants with stakeholders helps the consultants understand and appreciate the realities and complexities of programs and the communities in which they are located.[16] However, some may argue that analytical distance may be lost when interested parties are engaged in the design and conduct of the evaluation. The evaluator may, for example, become an advocate. Likewise, the mixing-it-up process, while helping to build affiliation with the program as well as with the evaluation, may result in competing program models, making evaluation of them difficult. The inclusion of many voices may clarify perceptions but may also multiply the already multiple objectives of community-based programs. It may also make decisions about replication of the program in other communities more difficult.

Such an approach may result in the collection of more useful information due to the inclusion of program staff, who are more likely to collect quality data if they have identified the questions they would like answered and view the evaluation as meeting some of their information needs. Such collaboration may also help to minimize reluctance to share information as well as data redundancy. The design for the Robinswood FRC helps to build permanency into the data collection process. Some may question, however, whether data collected by those with a clear stake in the program will be credible to external program observers, including funders, politicians, and program skeptics.

While not an explicit goal of participatory evaluation, involving multiple stakeholders throughout the evaluation process helps to educate them about that process. Local capacity is thus strengthened.

User-Focused Designs

Community-based responsibility for monitoring and evaluation can be empowering. The active and ongoing involvement of stakeholders and the development of local capacity are the great strengths of the user-focused design. Evaluation becomes an integral part of an organization's processes, which leads to improved management and strategies based on informed decision making. The buy-in accomplished by engaging people in the process helps to ensure that the data collected are of high quality and relevant to program decision making. This design enables

[16] Brown, P. (1995). The role of the evaluator in comprehensive community initiatives. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 209-210). Washington, DC: The Aspen Institute.

community members to see that evaluation is an investment in a long-term process having big payoffs — that it is an ongoing process "rather than an event."[17] It also reduces fears and suspicions about the evaluation and the evaluators.

In the case of the user-focused evaluation of the Robinswood FRC, the institutionalization of the governance structure established during the evaluation (the evaluation committee and the evaluation manager) is vital to guaranteeing that evaluative activities continue. The evaluation steering committee, comprising community members as well as state representatives, helps the evaluation to gain legitimacy in the community. The evaluation manager has as part of his/her task the active involvement of other stakeholders, including participant staff, managers, and policymakers. In this design as well as in the participatory design, evaluation consultants provide the technical expertise needed to guide the evaluation and to increase its legitimacy, particularly in the eyes of those outside the program; they also develop training programs and other assistance to ensure that local capacity is built. In building self-evaluative capacity, the consultants work closely with FRC staff, especially program managers and front-line staff, in the development of a management information system.

The involvement of stakeholders in this design, as in the participatory approach, can be time consuming and costly. Stakeholder involvement must be actively solicited and the evaluation steering committee plays an integral role in this process — it must comprise people committed to evaluation and willing and able to facilitate a consensus-building process. This requires that personal agendas and interests be put aside. Additionally, stakeholders must be convinced that the evaluative process and the data that are generated are of value to them. Finally, as discussed above, garnering stakeholder support and gaining consensus on issues related to the evaluation require commitment and patience as well as strong facilitation expertise on the part of those guiding the evaluation effort.

The focus on capacity building is the strongest aspect of this design. The design for the Robinswood FRC focuses specifically on the building of local expertise at various points in the evaluative process: experiential training in self-evaluation practice during the first phase, review and discussion of findings as well as their use in decision making in the second phase, and continued training in the third. The establishment of an information system enables ongoing data collection and analysis and helps the community to engage in a continuous examination of its program.

The development of self-evaluative capacity provides several challenges. First, existing evaluation expertise in the community will affect the sophistication of the research design, the extent to which local expertise develops, and the time it takes to develop. Local staff may not have the ability to collect, analyze, communicate, and use the data generated. To the extent that these skills do not exist, additional investment in training or even additional staff may be necessary. This may be both time consuming and costly. Additionally, as with the participatory approach, although information is used for continuous program improvement, there may be concerns about bias in the evaluation results. Information systems development can also be a major challenge for a variety of reasons: cost, technical expertise, and lack of understanding

[17] Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice, 16*(1), 59-68.

about its value. Finally, as noted by the designers of the evaluation, self-evaluative capacity must be institutionalized — it must become part of the organizational culture to be successful. This, they note, is a very large challenge.

As with the participatory evaluation, the designers of the user-focused evaluation believe that the involvement of stakeholders, particularly front-line staff in different agencies, will result in the collection of higher quality data and will also help to overcome some of the challenges involving the sharing of data among different entities. The institutionalization of a management information system also contributes to attainment of these goals, although there are challenges to implementing such systems.[18]

In order to address the substantial resource and time constraints on the evaluation, the user-focused design for the Robinswood FRC assumes certain resource conditions. As noted above, the extent to which some evaluative capacity already exists affects both the time involved in the evaluation and the cost. To meet the need for timely results, the evaluation design allows for results in two years. The third phase, in which longitudinal data are collected, is assumed to be relatively inexpensive because the initial investment in data collection and information systems will have been made in the two previous phases. The use of university-based faculty as evaluators also helps to address the issue of cost.

Experimental/Quasi-Experimental Designs

The experimental/quasi-experimental designs make the strongest case for attribution of results to program interventions. It is for this reason that scientifically based methods such as these have traditionally been used to test the effectiveness and appropriateness of different social innovations. According to evaluation consultants, this is particularly important in the Robinswood case because one of the stated purposes of the evaluation is to determine whether the model should be replicated in other communities.

The experimental/quasi-experimental design presented for Robinswood also includes stakeholders at certain points in the study. In the implementation study, program staff as well as participants will be surveyed and interviewed about their perceptions of the program as well as about their suggestions for change. According to the evaluation consultants, this allows for maximum input from staff and participants on system changes. Results of the evaluation are shared with the CAB every other month. Participation by stakeholders is not, however, integral to the evaluation as in the other two designs. Stakeholders are not involved in conceptualizing the research questions to be answered. While such a design may yield results that are more acceptable to external audiences, the evaluation may suffer from a lack of insight into important questions that staff and other internal stakeholders wish to have answered. The presence of an

[18] A forthcoming study by the Foundation for Child Development, *Theory meets practice: A report on six small-scale two-generation service projects*, discusses some of the challenges and the experiences small agencies encounter when developing, implementing, and using management information systems.

external evaluation consultant and fewer opportunities for involvement by those who have a stake in the program may decrease their commitment to the evaluation process and its results.

The experimental/quasi-experimental design also requires that certain assumptions be made that may not hold in community-based programs. First, "treatment" is assumed to be well defined and well implemented. In comprehensive, community-based programs, clients receive multiple services either directly from the facility or as a result of a referral to another service. Therefore, determining the most effective among a set of interventions is nearly impossible. Even if evaluation of treatment is problematic, however, the designers believe that it is important to determine whether those receiving program services are better off than those who do not, regardless of the services they are receiving. Second, the experimental/quasi-experimental designs are strongest when control and experimental groups are stable and immobile. This is not often the case in child and family interventions; people may move away or otherwise withdraw themselves from services. Indeed, in field settings, as the evaluation designers note, one cannot assume the existence of the laboratory-type controls that give experimental approaches their strength. Third, these approaches assume that both program staff and other stakeholders will be comfortable withholding services from some who qualify for and need them. This is frequently not the case.

Acknowledging the political reality that the evaluators have only 18 months in which to draw some conclusions, the experimental/quasi-experimental evaluation focuses most resources and effort on answering the first two research questions: program implementation and outcomes for children and families. Results related to the program's impact on the community will not be available yet. The evaluation consultants also propose a quasi-experimental design rather than an experimental one to answer the first research question. The design does include a randomized experiment to answer the second question about program outcomes because, as the consultants note, such a design is strong enough to draw causal inferences about program interventions.

The field of evaluation continues to change and evaluation, especially of ongoing and complex initiatives such as those in community-based settings, is often no longer considered a one-time event but rather a continuous process, often undertaken by the community. Multiple rather than singular approaches to evaluation are being used.[19] As we discussed earlier, the designs we present here are not meant to be mutually exclusive but rather can be combined when approaching an evaluation of community-based initiatives. For example, involving stakeholders at key points in the evaluation is vitally important: It helps to secure affiliation with the program and the evaluation and helps those responsible for the evaluation to benefit from the insights of those intimately involved. Soliciting stakeholders' input likewise may increase the richness and relevance of the data collected and may help to overcome some of the high expectations and political challenges that surround community-based programs and their evaluations. One must keep in mind, however, that such a process can be very time consuming. It requires of stakeholders, including funders, an openness, a commitment to the process and its results. Of evaluators, it requires facilitation skills as well as strong methodological skills. The use of a locally based group, such as the evaluation steering committee in the user-focused evaluation

[19] Greene, J.G., & McClintock, C.(1985). Triangulation in evaluation: Design and analysis issues. *Evaluation Research*, 9 (October), 523-547.

discussed here, may help to address the desire to involve stakeholders. What is needed, however, are community members who are willing to participate — who view the evaluation as part of their own organizational process and not as the responsibility of some external evaluators. This is a very serious challenge. The experimental/quasi-experimental designs are strongest in their ability to address the need to draw causal inferences and to present results credible to supporters as well as to skeptics. An evaluation that focuses on a more inclusive process may be strengthened by experimental/quasi-experimental designs.

VI. Undertaking Evaluations in Community-based Settings[20]

There are many challenges to successful evaluation of comprehensive, community-based programs, and as these programs evolve, so too will the technology used to evaluate them. This section identifies some steps to consider when undertaking such evaluations.[21] We present these steps in a numerical order, but we do not mean to imply that the process is linear. Rather, especially in the evaluation of complex initiatives, such as those that are community-based, these actions are overlapping and iterative.

Define the purpose of the evaluation

Before beginning any evaluative activity, it is important to clarify why an evaluation is needed. This must be established at the outset to ensure that there is commitment by and buy-in from stakeholders. Possible purposes of the evaluation include:

- To meet a reporting or some other requirement
- To gain information about programs to accomplish continuous improvement
- To learn about program outcomes/results
- To gain information about programs for replication or continuation
- To develop local evaluative capacity
- To empower a community/stakeholders
- To contribute to broad knowledge and theory.

The purpose(s) of the evaluation may be defined by the community, program managers, or external entities, such as funders, or all of these. The purpose(s) must be clearly understood by all engaged in the activity. It is important as well that evaluation expectations be realistic and that all are clear about what, why, and when different audiences need information. It is not

---

[20] These ideas are also summarized in Jacobs, F.H. (1988). The five-tiered approach to evaluation: Context and implementation. In H.B. Weiss & F.H. Jacobs (Eds.), *Evaluating Family Programs*. New York, NY: Aldine De Gruyter.

[21] A comprehensive discussion of questions to consider in the design of an evaluation of comprehensive family support services is provided in Miller, P.B. (1993). *Building villages to raise our children: Evaluation*. Cambridge, MA: Harvard Family Research Project.

uncommon in community-based programs for the purposes of evaluative activity to change. In such programs, which are often evolving themselves, gaining information about how the program is being implemented is vital to the process of making decisions about how to improve the program continuously. Ongoing changes to programs continue to inform decisions made about the evaluation questions to be asked and the type of data and analyses required to answer them. Programs at later stages in their development may be evaluated for the child and family outcomes they produce and for their replicability. They may also be evaluated to determine their impact beyond the participants of the program, such as on the community at large, and to examine how systems and services have changed and been integrated.

Identify the constraints

Evaluations of community-based programs are constrained substantially by:

- Money (resources for evaluation)
- Time (when the evaluation must be done)
- Staff (expertise and time)
- Technological capacity (information systems)
- Data (existence of data; confidentiality issues)
- Community/stakeholder capacity and enthusiasm
- Language capacity (data collection in another language)
- Differing degrees of buy-in to the evaluation by stakeholders (including different service components)
- Differing ideas about what is credible data/design.

It is important to acknowledge these constraints at the beginning of the evaluation process and to identify ways to work within them. Money is often the overriding constraint, influencing many decisions, including who conducts the evaluation and how extensive the design is. However, it is also important to take into account staff expertise and local capacity when considering evaluation approaches. Additionally, the extent to which stakeholders or community members might be included in an evaluation will clearly depend both on their willingness to be so engaged and on the time within which the evaluation must be conducted. Evaluators must examine constraints against the purpose(s) of the evaluation and may need to be make modifications to their plans.

Decide how to engage the community/stakeholders

Evaluators must decide:

- Who will be engaged in the process
- When in the process they will be engaged
- Which mechanisms to use to solicit viewpoints and provide feedback.

Engagement with the community and other stakeholders is not something that is done well ad hoc. Which, when, and how others will be involved in the evaluation needs to be established early in the evaluation process. This first requires an examination of the feasibility of involvement. Are stakeholders willing to commit significant amounts of time to discussions of evaluation design and methodology? Are some willing to do so and others not? Do stakeholders have evaluation and data collection skills, or will they need training? It is important as well to consider the time and resources involved in different approaches to involving stakeholders. Fully engaged stakeholders may be more feasible in a community that has fewer stakeholders than in one that has many.

Establishing mechanisms to be used to engage community members and other stakeholders is vital to this process. There must be a plan for keeping them informed during the evaluation. The establishment of a community-based evaluation committee is one mechanism with which to ensure the engagement of at least some community members. This committee could be given the responsibility for engaging others. Stakeholder input could also be solicited periodically through mechanisms such as focus groups, meetings, and surveys.

In some cases, stakeholder needs may conflict and these needs must be negotiated and addressed during the evaluation. Often in such cases, the needs of the primary stakeholder(s) should be met first.

Decide who will conduct the evaluation

The next consideration is who will conduct the evaluation:

- External consultants
- Community members/stakeholders
- Program staff
- Both external and internal people.

Funders may require the use of external evaluators to increase objectivity (especially if program outcomes are being assessed), but resources may limit their involvement. In some cases, a university-based team may be more cost effective than other external evaluators. Internal evaluators may be most cost effective, but staff may not have the skills or the time required to engage in an evaluation. If one of the purposes of the evaluation is to involve stakeholders in order to build their evaluation capacity, they should also be included. The roles of the evaluator and others involved in the evaluation need to be outlined clearly and agreed upon early in the evaluation.

Those who undertake the evaluation may change over time. While an external consultant team may start the process, if it is engaged to increase self-evaluative capacity, those responsible for the program or community members may conduct future evaluation work.

The skills required of evaluators are another important consideration. Building consensus among different stakeholders requires that evaluators have strong negotiation, team-building, and facilitation skills. Working within highly volatile political environments likewise requires certain skills. Evaluators asked to help build local capacity should have strong pedagogical skills. And evaluators must also have strong technical skills — often in both quantitative and qualitative methods.

Define the research questions

The next step is identifying the research questions — what is to be studied. Conceptualizing how a program works is very important. As noted earlier, many community-based programs have multiple or unclear objectives and stakeholders may have different interpretations of program intent. Negotiating among these so that a reasonable and feasible set of questions arises is more art than science. Many evaluators have found that articulating a program "theory of change" helps to clarify the important aspects that an evaluation needs to address.[22] This approach sets forth the assumptions (theories) about the linkages among program interventions and between interventions and higher order results. Evaluation, by collecting and analyzing information on those assumptions, then enables an examination of the extent to which the assumptions hold.

Given today's increased focus on accountability for results, collaborative, community-based programs will often be confronted with the challenge of evaluating outcomes. In collaborative and community-based programs, there are often a large number of possible and interdependent outcomes; separating the impact of different interventions is very difficult. This challenge needs to be acknowledged early in the evaluation process. It is important as well that expectations about the outcomes of a program are reasonable. There is often a temptation, when discussing outcomes, to extrapolate actual and modest program outcomes to more global and complex results. Likewise, there is a danger that programs may be required to demonstrate results far earlier than such results can be reasonably expected to occur as a result of program interventions.[23] Unreasonably high expectations for programs may not only set a program up for failure but also result in the false attribution of results to program interventions.[24] Evaluators, program staff, and community members have a responsibility to ensure that expectations about program results are reasonable.

---

[22] For more detailed information on the "theory of change" approach, see Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 65-92). Washington, DC: The Aspen Institute.

[23] Campbell, D.T. (1987). Problems for the experimenting society in the interface between evaluation and service providers. *America's family support programs*. New Haven, CT: Yale University.

[24] Campbell, D.T. (1987). Problems for the experimenting society in the interface between evaluation and service providers. *America's family support programs*. New Haven, CT: Yale University.

In community-based approaches, there may also be an interest in determining the extent and nature of collaboration among the different entities involved in providing services. Finding ways to examine the issue of collaboration can be difficult. One way to incorporate this into the evaluation is to identify a subset of questions that specifically address collaboration.

Establish the evaluation design

Once the research questions have been identified, a design needs to be selected. The purpose of the evaluation and the constraints within which it operates help to identify the design possibilities. An experimental design with randomized assignment or a quasi-experimental design with a comparison group, for example, may not be warranted in an evaluation that seeks to answer questions about basic program processes. Such designs may, however, be strongest in demonstrating that interventions contribute to outcomes for children and families. A case study methodology may be used to understand, in a more comprehensive way, how program implementation is unfolding as well as how the program fits into the community. Integral to a decision about methodology is the question of which evidence is most convincing to whom. The feasibility of the evaluation design and the data collection also needs to be considered: Can satisfactory comparison groups be identified? Can data on several sites or groups be collected? In what time frame and with how many resources must data be collected?

Identify data needed and data collection instruments

The next step is to examine the data that will be needed to answer the research questions and the means by which they will be collected. This process generally begins with an inventory of existing data. Much information for the evaluation may already have been collected through mechanisms such as administrative records or periodic surveys. In some cases, new data collection instruments may need to be developed. Program staff will probably be an important source of data and evaluators must ensure that they are involved in the process and understand the significant role they play.

Often, an evaluation incorporates both quantitative and qualitative data. While quantitative data may be most convincing to some, qualitative data, especially the perceptions, behavior, and experiences of staff and program participants, serve an important function, especially in community-based initiatives. They can help to elucidate the nuances and functioning of collaborative systems, including the nature of the collaboration, what services mean to participants, and how such efforts differ from other or previous ones.[25] They also serve an important function by highlighting areas where program quality can be improved and ways to ensure sustainability of an initiative. It is important as well to consider the collection of

[25] Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*(4), 11.

information about the community context. Additionally, it is important to include information on the broader sets of circumstances and events that may have a direct bearing on the success of community-based programs in a study of such programs.[26]

Collect the data

Next, evaluation data will need to be collected per the evaluation design. In some cases, new data collection instruments may need to be developed. The investment made in ensuring that stakeholders such as program providers are involved in the process can help to increase the likelihood that the data collected are relevant and of high quality. It is important to remember, however, that demands on providers to supply evaluative data must be reasonable. Staff have priorities aside from completing the voluminous forms that evaluators give them. Creative and useful ways of collecting data are necessary.[27]

In some cases, evaluators may need to develop standard reporting formats to help ensure the collection of high-quality data. An automated information system can help to house the data in a way that makes them more easily accessible and that provides a foundation for ongoing program monitoring and evaluation.

Analyze the data

Data analysis can be an ongoing process, especially when self-evaluative capacity or continuous improvement in program implementation is a goal, or it can occur only at the end of the data collection process. Who undertakes the analysis is important. In some cases, in order to maintain objectivity, evaluators alone may be responsible for analyzing the data. In more participatory efforts, community members and other stakeholders may conduct the analysis or assist the evaluator.

---

[26] J. P. Connell, A. C. Kubisch, L. B. Schorr, & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 209-210). (1995). Washington, DC: The Aspen Institute.

[27] Two options are Miller's self-sufficiency scale and Healthy Start forms.

Disseminate findings

Finally, the evaluation findings must be disseminated and used. These findings may include:

- Reports
- Testimonials/stories
- Drawings/graphs
- Videos/photographs
- Newsletters.

There are a number of different dissemination mechanisms and it is often best to have developed a strategy early in the evaluation process. It is important to consider who the audiences for the evaluation findings are and how the evaluation information can best reach them. Each audience may have different needs or be responsive to different presentation media. For example, funders may require an in-depth written report while community members may prefer a video or newsletter.

VII. Conclusion

Evaluating comprehensive, community-based initiatives, such as the Robinswood FRC discussed here, provides many challenges. This report has examined three different evaluation approaches and has discussed the strengths and limitations of each. All three approaches are, however, similar in several aspects. First, the participatory, user-focused, and experimental/quasi-experimental designs all highlight the importance of examining implementation as well as longer-term results. Documenting the process of implementing complex, collaborative models like the Robinswood FRC is important to learning how the implementation unfolds and to making the midcourse corrections that are inevitable in such programs. Information on the process of implementation may also assist in drawing conclusions and making linkages between program interventions and longer-term results. Second, all three approaches involve stakeholders in the evaluation process, although to varying degrees. Third, all three designs stress how important it is that evaluators possess not only solid technical expertise but also strong interpersonal and negotiation skills. Finally, the three approaches highlight the importance of gathering data and using it continuously for assessment, program improvement, and organizational learning.

BIBLIOGRAPHY

The Annie E. Casey Foundation. (1995). *The path of most resistance: Reflections on lessons learned from New Futures.* Baltimore, MD: Author.

Brown, P. (1995). The role of the evaluator in comprehensive community initiatives. In J. P. Connell, A.C. Kubisch, L.B. Schorr, and C. H. Weiss (Eds.), *New approaches to evaluating community initiatives* (pp. 209-210). Washington, DC: The Aspen Institute.

Campbell, D.T. (1987). Problems for the experimenting society in the interface between evaluation and service providers. *America's family support programs.* New Haven, CT: Yale University.

Foundation for Child Development. (Forthcoming). *Theory meets practice: A report on six small-scale two-generation service projects.* New York, NY: Author.

Greene, J.G., & McClintock, C. (1985). Triangulation in evaluation: Design and analysis issues. *Evaluation Research*, 9 (October), 523-547.

Jacobs, F.H. (1988). The five-tiered approach to evaluation: Context and implementation. In H.B. Weiss and F.H. Jacobs (Eds.), *Evaluating family programs.* New York, NY: Aldine deGruyter.

Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*(4).

Miller, P.B. (1993). *Building villages to raise our children: Evaluation.* Cambridge, MA: Harvard Family Research Project.

Patton, M.Q. (1996). *Utilization-focused evaluation: The new century text* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Rossi, P.H., & Freeman, H.E. (1993). *Evaluation: A systematic approach* (5th ed.). Newbury Park, CA: Sage Publications.

Shaw, K.M., & Farquharson, K. (unpublished) *The evaluation of family center based family support programs: Challenges posed by a comprehensive approach to service delivery.* Cambridge, MA: Harvard Family Research Project.

Travers, J., & Light, R. (1982). *Learning from experience: Evaluating early childhood demonstration programs.* Washington, DC: National Academy Press.

Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J.P. Connell, A.C. Kubisch, L.B. Schorr, and C.H. Weiss (Eds.). *New approaches to evaluating community initiatives* (pp. 65-92). Washington, DC: The Aspen Institute.

Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice*, 16, 59-68.

ADDITIONAL INFORMATION

EVALUATION — GENERAL

Bruner, C. (1994). *A framework for measuring the potential of comprehensive service strategies.* Falls Church, VA: National Center for Service Integration: Resource Brief 7, 29-40.

Chen, H. (1990). *Theory-driven evaluations.* Newbury Park, CA: Sage Publications.

Greene, J.C., Caracelli, V.J., & Graham, W.F. (1989). Toward a conceptual framework for mixed-method evaluation designs. *Educational Evaluation and Policy Analysis*, 2(3), 255-274.

Jacobs, F. (1988). The five-tiered approach to evaluation: Context and implementation. In H.B. Weiss and F. Jacobs (Eds.), *Evaluating family programs.* New York, NY: Aldine deGruyter.

Levitan, S. (1992). *Evaluation of federal social programs: An uncertain impact.* Occasional paper 1992-2. Washington, DC: Center for Social Policy Studies, The George Washington University.

Marquart, J.M., & Konrad, E.L. (1996, Spring). Evaluating initiatives to integrate human services. *New Directions for Evaluation, No. 69.* San Francisco, CA: Jossey-Bass Publishers.

Miller, P.B. (1993). *Building villages to raise our children: Evaluation.* Cambridge, MA: Harvard Family Research Project.

Patton, M.Q. (1990). *Qualitative evaluation and research methods.* Newbury Park, CA: Sage Publications.

Patton, M.Q. (1996). *Utilization-focused evaluation.* Newbury Park, CA: Sage Publications.

Pecora, P., Fraser, M., Nelson, K., McCroskey, J., & Meezan, W. (1995). *Evaluating family-based services.* New York, NY: Aldine deGruyter.

Rossi, P.H., & Freeman, H.E. (1993). *Evaluation: A systematic approach* (5th ed.). Newbury Park, CA: Sage Publications.

Schorr, L. (1995 October). *New approaches to evaluation: Helping Sister Mary Paul, Geoff Canada and Otis Johnson while convincing Pat Moynihan, Newt Gingrich and the American public.* Presentation at Utilizing Research & Evaluation for Programs and Policy, a conference sponsored by the Annie E. Casey Foundation. Baltimore, MD.

Torres, R., Preskill, H.S., & Piontek, M.E. (1996). *Evaluation strategies for communicating and reporting*. Newbury Park, CA: Sage Publications.

Yin, R.Y. (1984). *Case study research: Design and methods*. Newbury Park, CA: Sage Publications.

EVALUATING COMMUNITY-BASED INITIATIVES

Connell, J.P., Kubisch, A.C., Schorr, L.B. & Weiss C.H. (Eds.). (1995). *New approaches to evaluating community initiatives*. Washington, DC: The Aspen Institute.

Coulton, C.J. (1992). *Framework for evaluating family centers*. Center for Urban Poverty & Social Change, Case Western Reserve University.

Dunst, C.J. (1991). Evaluating family resource programs. *Family Resource Coalition Report*, No. 1.

Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*(4), 5-16.

EXPERIMENTAL/QUASI-EXPERIMENTAL DESIGN

Campbell, D.T., & Stanley, J.C. (1966). *Experimental and quasi-experimental designs for research*. Skokie, IL: Rand McNally.

Cook, T.D., & Campbell, D.T. (1979). *Quasi-experimental design and analysis issues for field settings*. Skokie, IL: Rand McNally.

PARTICIPATORY EVALUATION

Cousins, J.B., & Earl, L.M. (1992). The case for participatory evaluation. *Educational Evaluation and Policy Analysis, 14*(4), 397-418.

Fals-Borda, O., & Rahman, M.A. (1991). *Action and knowledge: Breaking the monopoly with participatory action-research*. New York, NY: Apex.

Guba, E.G., & Lincoln, Y.S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.
Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage Publications.

Whyte, W.F. (Ed.) (1991). *Participatory action research*. Newbury Park, CA: Sage Publications.

USER-FOCUSED EVALUATION

Fetterman, D.M. (1994). Steps of empowerment evaluation: From California to Cape Town. *Evaluation and Program Planning, 17*(3), 305-313.

Fetterman, D., Kaftarian, S., & Wandersman, A. (1995). *Empowerment evaluation: Knowledge and tools for self-assessment and accountability.* Thousand Oaks, CA: Sage Publications.

Usher, C.L. (1995). *From social experiments to reform initiatives: Implications for designing and conducting evaluations.* Paper presented at the annual meeting of the American Evaluation Association, Vancouver, British Columbia.

Usher, C.L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice*, 16, 59-68.

APPENDICES

APPENDIX A

Summaries of the Old Grove Case Study and Three Evaluation Designs

Karen Horsch

A coalition of representatives from Old Grove came together to develop a plan to improve children's long-range education, developmental, health, and well-being outcomes. The coalition included city council members, community and child welfare advocates, businesspeople, and representatives from the local hospital, schools, and social services agencies. Arguing that the best way to address the needs of the city's low-income children and families was to provide services that targeted the entire family and involved the whole community, the coalition developed the Early Childhood Education and Family Resource Center Initiative. This initiative's central feature is the development of neighborhood-based, community-managed FRCs that incorporate and coordinate a range of child and family services at sites near elementary schools.

The FRCs will serve a diverse population made up mainly of white, African-American, and Puerto Rican families living in communities where working-class families and families living in poverty predominate. FRC services are open to low-income families living in the targeted communities and having children aged 11 and under.

The main goal of the initiative is to improve family access to services and to end the fragmentation, isolation, and duplication of services. To this end, the FRCs will coordinate and integrate services that are either co-location site services or are an integral part of the integrated and referral systems network; case management is used to organize the delivery and referral of services. A subsidiary but central goal of the initiative is to ensure that communities, families, and FRC staff members have maximum input into systems change. Mandated services to be provided by all FRCs include case management; home visits; parent education classes; adult literacy classes; English as a Second Language classes; health and development screening for children; tutoring for school-age children; enrichment programs for preschool-age children; child care; toy lending; support groups; mental health, substance abuse, family planning, budgeting, housing, and other appropriate family counseling services; father-focused parenting and support group services; and employment training. Family advocates/home visitors have the primary responsibility for helping children and families receive appropriate services.

An EMT was set up to get the project through the hiring, recruitment, and start-up phases. The EMT is intended to be partially phased out and replaced by a CAB for each FRC. The EMT sets minimum service delivery parameters and approves funding and spending for all FRCs. It is intended, however, that each FRC's CAB will plan, implement, and evaluate services and procedures and delegate outcome responsibility.

The initiative is beginning the first year of a five-year funding period. Presently, one FRC, the Robinswood Early Childhood and Family Resource Center, has been established. If Robinswood succeeds, four other FRCs with similar program designs will be established over the next five years. The yearly FRC operating budget of $600,000 comes from federal, state, and private funds.

The Robinswood FRC is located at the old Beethoven Elementary School building. It provides most of the services intended by the initiative's founders. In addition to a variety of other staff members, there are 12 family advocates to serve 150 families. One of the initiative's goals is staff training and development, and staff will therefore receive ongoing inservice training.

Two foundations are funding two thirds of the five-year FRC evaluation costs, and the state is funding the remainder. The evaluation budget is approximately $100,000 per year for five years (the total budget is $500,000). Each of the funders has its own program performance reporting requirements — one measures impact and outputs and wants only quantitative measures; another measures process and outcomes and seeks both quantitative and qualitative measures; the third desires information about implementation and would also like quantitative and qualitative measures. In addition to the evaluation funders, the city of Old Grove, the governor, and several community groups have an interest in learning about the viability of the FRCs. These entities have exerted pressure on the Robinswood FRC and those conducting the evaluation to submit an interim report in 18 months.

Evaluators will have access to data from the school district and local social service and public health agencies. These data include family profile forms, adult educational and vocational training records, child care and education records, developmental screening and assessment forms, family and child service plans, family service contact forms, and referral forms. Concerns about data confidentiality and the lack of an integrated data system block full access to needed data.

I. Mixing It Up: Participatory Evaluation as a Tool for Generating Parent and Community Empowerment

This evaluation design, developed by Karen Pittman and Merita Irby of the International Youth Foundation and Michele Cahill of the Fund for the City of New York, focuses on the participation of stakeholders in the design and conduct of the evaluation.

The evaluation team does not present an evaluation plan but rather a preparatory document that a participatory evaluation consultant team might produce for a program such as the Robinswood FRC. It offers a framework to guide the CAB as it thinks through why and how it should plan and staff an evaluation and share findings with stakeholders. It also offers a process for answering three broad sets of related questions:

1) What are the goals and expectations for the FRC?

2) What questions should guide the planning and evaluation processes?

3) How will the success of the FRC be measured?

The evaluation team recommends that the CAB consider a four-step process:

1) *Clarifying goals and expectations.* The evaluation team suggests a facilitated retreat of stakeholders to identify the goals, strategies, and expected services of the Robinswood FRC. CAB members would define long-term individual outcome goals (e.g., improve job readiness), immediate strategic goals (e.g., engage the community, eliminate service fragmentation), process or implementation goals (e.g., use family advocates), specific service goals (e.g., offer child care), and concrete impact goals (e.g., serve 75 children). Before determining what fits into each category, the CAB must determine if the categories make sense. An evaluation committee would be formed to work with the evaluation consultants.

2) *Drafting a discussion report.* The consultants would work with the CAB to write a report, laying out the evaluation framework in simple, straightforward terms and inviting specific comments and definitions of indicators. The evaluation consultants would play a crucial role during the CAB discussions about indicators. This report would be shared with stakeholders, including staff, participants, community leaders, other service providers, and funders. This is the crux of a participatory evaluation: involving stakeholders in an interactive, mixing-it-up process (interviews, focus groups, and public meetings) that allows them to take ownership of the evaluation process.

3) *Defining the key planning and evaluation questions.* The CAB members, or its evaluation team, work with evaluation consultants to develop an evaluation plan. Again, this is an interactive process. This step allows stakeholders to identify the specific "theories of change" that underlie the FRC's programming, to prioritize the types of outcomes desired, and to define the specific criteria for success. The evaluation plan flows directly from the planning questions that have been raised.

4) *Collecting and disseminating the data.* The final step involves developing a management information system (MIS) to collect, analyze, and disseminate information. The MIS would include "hard data" (e.g., family profile forms and school records) and a formalized documentation process to collect the data consistently. Focus groups, short surveys, individual interviews, and creative use of existing data will be important. Key stakeholders would be involved in finalizing the planning and evaluation questions, in collecting the data, and in reviewing interim findings. The findings would be disseminated frequently, for example, in the form of a newsletter.

II. A User-Focused Evaluation of a Family Resource Center

This approach, developed by Becky A. Winslow of the Georgia Department of Human Resources and her colleagues, uses a self-evaluation design in which evaluation is wholly integrated with an ongoing strategic planning process. One of the design's primary goals is to develop an information system that supports ongoing data entry for evaluation as an integral part of service delivery and management, thus reducing the burden of data collection and reporting and building the possibility of using data as part of a process of continuous improvement.

Three elements are necessary to the development of the infrastructure for self-evaluation: a clear vision, including explicitly stated, agreed-upon outcomes and indicators; a mechanism for planning and management; and information systems support. Integral to the evaluation process is building the capacity to use and learn from the information generated. A community evaluation steering group, composed of representatives from the major partner agencies, community representatives, an evaluator, and others, would help define the evaluation's purpose and audiences; be a sounding board in the development of the evaluation design; communicate the intent and periodic findings of the evaluation; and guide the evaluation and be its champion.

The evaluation of Robinswood would be formative and summative and would use multiple measures with multiple groups of subjects. The proposed plan covers a period of approximately two years and would proceed in three phases:

1) *Study of the city and community policy and context.* The proposed first phase of the evaluation involves understanding the context in which the Robinswood FRC was conceived, developed, and initially implemented. This will provide the information needed to define the evaluation questions for the FRC and the expectations of key informants. Data for this phase would be primarily qualitative, obtained through interviews and document reviews. Information about implementation would also be obtained. Phase One would produce two studies, a policy/context study of Old Grove and Robinswood and an implementation study. This phase would also produce a detailed evaluation plan that includes the evaluation questions and a design for phases Two and Three. During this phase, the evaluator would provide periodic feedback to the steering group.

2) *Process and impact evaluation of the Robinswood FRC.* In this phase, a picture of the Robinswood community and of Old Grove as a whole would be developed. This picture would provide the baseline from which progress would be measured; this baseline would include data for each of the benchmarks (e.g., infant mortality, low birth weight, immunization status, teen pregnancy, and high school completion). Information could be collected from other communities in order to provide comparisons. Process studies, which focus on service integration and collaboration among FRC partners and stakeholders, would be conducted using data collected from interviews, meetings, observations, and focus groups. Outcome studies, which focus on the achievement of short-term and intermediate impact and long-range outcomes, would also be conducted using surveys, interviews, focus groups, and program impact data. These reports would be presented to the steering group.

3) *Continuation of process and impact evaluation and beginning of longitudinal analyses.* Phase Three provides the opportunity to replicate the within-year evaluation in order to reinforce the learning needed to transfer capacity to do evaluation and to go further, enhancing the evaluation with longitudinal results. The methods and data collected for Phase Three are similar to Phase Two. Process and outcome study reports similar to those produced in Phase Two would be produced. Databases for longitudinal analyses would be established and local staff would continue to be trained in self-evaluation practice.

III. Evaluating a Family Resource Center Using an Experimental and Quasi-Experimental Approach

This evaluation, developed by Sally K. Ward, Kathleen McCartney, and Cynthia M. Duncan of the University of New Hampshire, addresses both the short- and the long-term goals of the Robinswood FRC by focusing on three sets of questions:

1) *The immediate, short-term goal of the FRC is to improve delivery of services.* Two questions related to this goal are: At the institutional level, does the FRC deliver services in a more integrated and efficient way? How effective are staff training and development efforts that aim to improve coordination?

To answer these questions, the evaluators propose using a quasi-experimental design in which the FRC staff serves as its own control group in a simple pre- and post-test only design. There will be two post-tests, one at 9 months and one at 18 months. Two types of data will be collected at each of the observation times: information on staff training and development efforts gathered by using a self-administered questionnaire and information on service coordination and delivery gathered during focus group discussions with staff and families receiving services. Data from the focus group will be used to evaluate the operation of the FRC and to provide suggestions for its improvement.

2) *The FRC's longer-term goal is to improve conditions for families and children.* Questions to be answered at the individual child and family level include: Does a family's connection with the FRC improve its children's development and all family members' educational achievement and social, physical, and mental health? Does the FRC connection improve access to the services needed by the child and family?

A simple pre- and post-test design is not strong enough for researchers to draw conclusions from it about program outcomes. To answer questions about the FRC's impact on individual children and families, the evaluators propose a randomized controlled experiment involving two treatment groups and one control group. The design's experimental aspect will be supplemented by a nonequivalent control group design using the same two treatment groups and a nonrandomized comparison group of families in other communities. The treatment is defined as case management; those families receiving child care services further define the treatment group. The inclusion of the quasi-experimental aspect, the evaluators expect, will provide a backup for the experimental design if the randomization process breaks down and will help in the collection of pre-test data for subsequent FRCs. Families will be stratified on several variables. The data will be collected by periodic interview of families at three points: before the FRC provides services (pre-test); 9 months after a family enters the FRC (post-test); and 18 months after a family makes initial contact with the FRC (second post-test).

3) *The FRC's ultimate goal is to improve the condition of the whole community.* To determine whether the FRC achieves this goal, the evaluators ask the following questions: At the community level, have family conditions improved throughout Old Grove? Does the FRC build on family strengths by providing services to families at risk?

A quasi-experimental interrupted time series design will address this question. This is a powerful design for analyzing community-level trends before an intervention (in this case, the FRC) and the change in the trend after the intervention. Data will be collected several times before the intervention and several times after. Aggregate data on several community indicators will be collected, including data on trends in economic conditions, education, community health, poverty and unemployment, and crime. The evaluators will use comparison groups from the other communities in which FRCs are to be established. As new FRCs are created, these other communities will become treatment groups.

The evaluation team proposes that a university-based team conduct the evaluation and that a full-time study coordinator manage the process. To communicate findings in a timely manner to as many stakeholders as possible, results from Question One will be available as soon as possible; results from questions Two and Three will be presented in a formal, written report in 18 months. Several community forums will be held to communicate results to the community in general.

APPENDIX B

Hypothetical Case Study[28]
The Early Childhood and Family Resource Center

Pelonomi Khumoetsile-Taylor

Real progress toward large-scale comprehensive service delivery is possible only when communities move beyond cooperation to genuinely collaborative ventures at both the service delivery and system level. Emerging experience suggests that at least five factors — the climate in which initiatives begin, the processes used to build trust and handle conflict, the people involved, the policies that support or inhibit their efforts, and the availability of resources to enable their efforts to continue — will affect the ability of local efforts to launch successful collaborative efforts.[29]

I. Context

In 1994, indicators of Old Grove's children's educational achievement and social, physical, and mental health were still declining. Old Grove Legal Services (OGLS) threatened to bring a lawsuit on behalf of underserved children and families. In response, Old Grove's mayor called together a broad coalition of community members to develop a plan to improve children's long-range education, development, health, and well-being outcomes. The coalition included city council members, community and child welfare advocates, businesspeople, the superintendent of schools, elementary school principals, early childhood educators, special education teachers, Head Start teachers and administrators, child care operators and administrators, early childhood education researchers, and representatives from OGLS, Old Grove City Hospital, the Golden Circle Community Health Center, the state public health and mental health departments, and the Department of Social Services.

Local news media publicized this gathering. Mabel Doolittle, the chairperson of Elders for a Better Community, heard the news, as did Cecil Moondabber, an 18-year-old who had been actively trying to help the young people of one Old Grove community. Doolittle and Moondabber each called the mayor's office to see how they could become involved.

A group of women who live in a low-income housing project were angry about a recent shooting of a child and so had formed a group called Safe Harbor. One of the women had read the news about the mayor's gathering and called the others. They marched on the mayor's office, demanding to have some input into any plans developed to meet community and children's needs.

---

[29] Melaville, A. *What it takes: Structuring interagency partnerships to connect children and families with comprehensive services.* Washington DC: Education and Human Services Consortium.

Impressed with such citizen concern, the mayor invited Moondabber to participate in future meetings. Moondabber said that he would and also that he wanted other young people to be involved. The mayor agreed. He also invited Doolittle and the women from Safe Harbor. They agreed to participate, and the Safe Harbor members insisted that more parents be included in future meetings.

The newly elected governor's wife, a strong advocate for children's interests, caught the news on a late-night broadcast. At breakfast the next morning, she mentioned the meeting to her husband, a fiscal conservative who is ambivalent about social spending but concerned about children and family issues. In fact, he had campaigned on a platform of fiscal responsibility and family/community strength. Both the governor's office and the governor's wife called the mayor. He asked her to be a member of the working group.

The expanded group met many times. Not everyone was happy with the end result, but the consensus of the group was that it had come together effectively and was working to improve the community by building on family strengths. Specifically, the group wanted to work for positive change in the development, educational achievement, job readiness, self-advocacy, economic self-sufficiency, and social, physical, and mental health of Old Grove's low-income children and families. The group agreed that the best way to accomplish this objective was to involve the community in meeting the educational and other needs of underserved young children while providing services to their entire families. If it did so, the group believed, the entire community would benefit.

After reaching consensus, the group developed a committee called The Working for Children Now Council (WFCNC) to write proposals and to submit applications for foundation, federal, state, and city funds. The result of the WFCNC's meetings is The Early Childhood Education and Family Resource Center Initiative.

This community-based initiative recognizes that children bring more than education needs to the classroom; that families, particularly those in crisis, need support; and that healthy children stand a better chance of success in education and life. To address these needs and concerns, the initiative was designed to build on family strengths; to reinforce the primary role that families play or should play in child development; to promote child health; to eliminate service access, fragmentation, duplication, and isolation problems; and to meet the needs of low-income families and communities in culturally appropriate and sensitive ways. The initiative's central feature is the development of a neighborhood-based, community-managed FRC that incorporate and coordinate a range of child and family services at a site near an elementary school. The initiative is part of a city-wide systems reform effort.

The FRC Objectives

The initiative is beginning the first year of a five-year funding period. Presently, one FRC, the Robinswood Early Childhood and Family Resource Center, has been established. If Robinswood is considered successful, four other FRCs with similar program designs will be established over

the next five years. The FRCs will serve a diverse population made up mainly of white, African-American, and Puerto Rican families living in communities where working-class families and families living in poverty predominate. In Robinswood and the other four communities to be served, 35 percent of the targeted children receive free lunches.

Low-income families that live in the targeted communities and that have children aged 11 and under are eligible for FRC services; however, only those families either recruited by the FRCs or referred by elementary school teachers and staff are eligible. All FRCs will provide access to all services to eligible families (with the exception of WIC and food stamp services, which must follow federal eligibility guidelines).

The goal of the initiative is to improve access to services and to end the fragmentation, isolation, and duplication of services. To this end, the FRCs will coordinate and integrate services at the same site (co-located services), or establish a referral systems network, which are developed to meet child and family needs via a system among social services agencies. The initiative also aims to ensure that communities, families, and the staffs of the FRCs have maximum input into systems change.

The FRC Service Delivery Model

In the FRC service delivery model, case management is used to organize delivery of and referral to services. Center and outposted staff from the departments of public health, welfare, social services, and mental health deliver services. Referrals for intensive services that cannot be addressed by FRC and outposted staff are handled at the outposted workers' home agencies.

In the targeted communities, the FRCs recruit families that have children in the birth to 4 years age group. Elementary schools refer families with school-age children (ages 5 to 11).

Although all low-income families living in the targeted areas and having children aged 11 and under are eligible for FRC services, limited funding means that the FRCs cannot serve them all. At any given point, they can offer all-day child care services to 75 children in the birth to 4 years age range and tutoring and after-school services to 50 children in the 5 to 11 age range. They can also offer age-appropriate screening, dental, and immunization services to approximately 500 families.

FRC Services

Mandated services to be provided by all FRCs include case management; home visits; parent education classes; adult literacy classes; ESL classes; health and development screening for children; tutoring for school-age children; enrichment programs for preschool-age children; child care; toy lending; support groups; mental health, substance abuse, family planning, budgeting, housing, and other appropriate family counseling services; father-focused parenting and support

group services; and employment training (fathers are eligible for services if they are supporting or are involved in parenting their children whether or not they are living in the family home). Two eligibility-based services, WIC and food stamps, are also provided (see charts 4 and 5). Referrals to off-site health clinics, mental health services, and postsecondary education programs are made when FRC and outposted agency staff cannot provide such services.

Child care, immunization, and mental health counseling services are provided on a sliding fee scale. Families who are eligible for child care or other service vouchers may use them to pay for FRC services.

The case-management model that the FRCs use assigns family advocates/home visitors[30] the primary responsibility for helping children and families receive appropriate services. The family advocates are the case managers for the FRCs.

FRC and outposted staff are responsible for providing mandated/direct services (see charts 4 and 5). The CAB for each FRC may authorize the provision of additional services that meet the unique needs of each community. Additionally, all staff members are expected to develop and foster active community involvement in the FRCs. Because each community is different, service needs and work responsibilities will be different at each FRC, although all FRCs will have identical staff rosters in terms of number and classification of staff members and outposted workers. Staff classifications, considerations, and job responsibilities are discussed below in the Robinswood Family Resource Center section.

II. Building Trust And Handling Conflict

While applying for funding and planning for the FRCs' implementation, the WFCNC forged a relationship with stakeholders based on the commitment to improve services to children and families. Unfortunately, this relationship is not free of problems.

Councilman Friendly is not part of the new working group. He is spokesperson for a watchdog group of conservative taxpayers who do not believe that the benefits of making services more accessible to children and families are worth the costs. Councilman Friendly has been putting a lot of pressure on the WFCNC to maintain the service delivery status quo. To that end, Friendly and his collaborators have skillfully used the print and electronic media to challenge the premise of the initiative as well as the efforts of the WFCNC.

Sheila Shine, a midlevel manager in the Department of Social Services, is a dedicated but highly skeptical member of the WFCNC. In her 25 years at Social Services, she has seen many unsuccessful attempts to develop and implement coordinated services. In her view, these attempts have damaged both the agency she works for and the community she serves. She has been vocal about her skepticism and her unwillingness to relinquish any portion of her agency's budget or control of service delivery.

[30] Referred to hereafter as "family advocates."

Furthermore, tension has developed due to competition between the FRCs, the Bright Child Head Start Program, and the Little Fisherman's Early Child Development Program for visibility, clients, and/or the same federal, state, and foundation dollars.

The WFCNC is committed to resolving these issues. It asked Shine to put her concerns in writing and to include how money was spent in the past, how resources and decision making were shared between groups, and why the previous collaborations and/or coordination of services failed. The WFCNC promised that it would carefully study these materials and make every effort to avoid past mistakes. Shine agreed to undertake this task and she formed an outside group (The Gatherers) both to help her collect the needed information and to keep pressure on the WFCNC.

The WFCNC began its own media blitz, pointing out the promise and benefits of the FRC initiative. With this done, the WFCNC moved on to the business of getting the initiative up and running.

Governance

The WFCNC formed an EMT to get the project through the hiring, recruitment, and start-up phases. The EMT is a city-wide governance structure that will oversee all five of the FRCs (see chart 1). The EMT membership is composed of the mayor; the governor's wife; the director of Social Services; the managing attorney of OGLS; the commissioners of the departments of public health, mental health, and welfare; one parent from each of the communities to be served by the FRCs; a parents' rights advocate; a welfare rights advocate; a children's rights advocate; Moondabber; Doolittle; a representative from Safe Harbor; and the superintendent of schools.

The EMT was intended to be partially phased out and replaced with a CAB. Each FRC will have a CAB. The EMT sets mandated/minimum service delivery parameters and approves funding allocations and spending for all FRCs. However, each FRC's CAB should plan, implement, and evaluate services and procedures and delegate outcome responsibility for its particular center. Each CAB has the authority to decide how funds will be allocated; all of its decisions, however, will be forwarded to the EMT for approval.

All decision-making power, except that specifically allocated to the CABs, resides in the EMT. While the EMT, as noted above, sets minimum service delivery parameters, CABs have limited authorization to establish additional or new services that meet the unique needs of families and communities in each service area.

CAB Staffing

Each CAB will include family, community, business, nonprofit agency, and school/school district representatives who have the authority to speak for their constituencies. At least one-third of CAB members must be parents.

III. Resources

The yearly FRC operating Budget of $600,000 comes from state, federal, and private funds. As part of a larger systems reform effort by the state and city, $300,000 of this funding comes directly from the state's Child Welfare Administration and Agency for Child Development and from city pooling of agency resources. Even Start funds in the amount of $50,000, administered by the school district, are to be used for adult literacy training, parenting sessions, and education services. Federal funding for eligibility-based programs account for approximately $125,000. The FRCs will receive $100,000 from the Bar None Endowment Fund and $25,000 from the Patriot Games Foundation for the first five years of operation. In addition, the school district will provide building maintenance and cleaning services.

IV. Reporting Requirements

Each funder has its own program performance reporting requirements. The reporting requirements for all state agencies are based on the fiscal year cycle. Each state agency requires a separate report. It is important to note that even though the departments of social services, public health, mental health, and public welfare are pooling funds, each has its own reporting requirements. Additionally, even though the school districts are supplying only in-kind services, a dollar value for those services must be calculated and reporting requirements must be met. The federal WIC, food stamp, and Even Start programs call for fiscal year cycle reporting. Both the Patriot Games Foundation and the Bar None Endowment Fund reporting requirements are based on the calendar year.

V. Robinswood Family Resource Center

The currently operating FRC is in Robinswood.

The Robinswood Community

Robinswood is a community of 20,000 residents (see chart 2). It has been estimated that approximately 4,500 of Robinswood's families will be eligible for FRC services.

Sixty percent of the Robinswood community is African-American, most of them working-class or living in poverty. Hispanics compose 25 percent of the community's population and whites 15 percent. While the various racial and ethnic groups shy away from racial mixing, Robinswood does not have a history of racial or ethnic conflict. There is a very small enclave of middle-income families. Approximately 55 percent of Robinswood's children live in two-parent families. Ten percent live in nonrelative placements. The remaining 35 percent live in single-parent families.

The average adult in Robinswood has a high school education. The community has two housing projects. One is occupied mostly by African-American and Puerto Rican families. White families, for the most part, occupy the other.

Many of Robinswood's families are originally from the South, Puerto Rico, or Jamaica. Of these families, about one-half are newcomers who frequently move back and forth between their old homes and Robinswood. Approximately one-fifth of Robinswood's ethnic white families are from Ireland.

The balance of Robinswood families, of all races, are long-timers. Some of these families have lived in Robinswood for generations. Others have lived in the community for 10 or more years. The long-time residents have seen things change in Robinswood. Today, there are no parks. There is one movie theater, a roller skating rink, and a basketball court.

The Robinswood FRC

The Robinswood FRC is located in the old Beethoven Elementary School building, located directly across the street from the New Beethoven Elementary School. The elementary school will provide printing services and supplies as well as tutoring for elementary-school-aged children. Enrichment programs for preschool-aged children are provided on site by FRC staff.

The staff includes a center director, an assistant director/case manager supervisor, family advocates, a core services coordinator, a basic skills coordinator, a health services coordinator, a mental health specialist, a job development specialist, a child development coordinator, an early childhood specialist, child care teachers, a nutritionist/health coordinator, a fiscal operations manager, an administrative assistant, and an MIS coordinator/data entry clerk (see chart 3).

The program coordinators organize, supervise, and provide on-site services. In addition, they work directly with off-site service providers to ensure that the needs of FRC families are being met. For example, the basic skills coordinator, in addition to overseeing and teaching in the on-site GED program, coordinates efforts with the local community college to provide community college access and program services for FRC families. She works with others to develop workshops for FRC families and community members on issues related to budgeting, buying a first home, financing a college education, choosing careers, exploring job opportunities, and the like.

The specialists provide direct services to families, make referrals, and follow up to make sure that FRC families have been appropriately served.

There are 12 family advocates to serve 150 families. The family advocates were drawn mostly from the community. As front-line staff, they have the most direct and intense connection to FRC families. They go into homes, observe family interaction, and help with development of appropriate parenting and child development skills. They help families identify and articulate goals and access needed services (see charts 4 and 5).

The family advocates share many of the values, problems, and experiences of the families to be served. They range in age from 24 to 53. All have high school diplomas; most have bachelor's degrees. The EMT decided that relevant work/community volunteer experience could be used in lieu of a college degree when considering applicants for the job. Several family advocates are bilingual (English/Spanish), one is Haitian, most are female, and none are white.

All of the specialists and coordinators have master's degrees. The fiscal manager is a CPA. The center director is African-American, home-grown, and well known; he has 20 years of community work experience and is finishing up his master's degree. The assistant director is white, as is the nutritionist/health specialist.

Three of the on-site child care teachers are white, three are African-American, two are from Puerto Rico, one is from Central America, and one is from Mexico.

The administrative assistant (an older African-American male community activist) and the MIS coordinator/data entry clerk (a Latina) have high school educations.

Also included in the center staff are outposted workers from the departments of public health (African-American and white), welfare (African-American), and social services (white). These workers are paid by their parent agencies. It is common knowledge that they have substantially higher salaries than any of the staff paid by the FRC.

One of the initiative's goals is staff training and development. To that end, staff will be involved in ongoing inservice training. Early indicators suggest that there are clear training needs concerning issues such as child development, effective communication, and strategies for breaking down divisions between the family advocates and the specialists and coordinators.

The family advocates are clearly supporters and advocates for the families. It is becoming apparent, however, that they do not have sufficient background in the subject of child development and therefore do not always realize the central role that child development issues should play in their advocacy for and interaction with families. They do not always understand how a child may be affected by what's going on in the home. Because of this lack of information, their advocacy is often not focused on children's needs.

Additionally, the child care staff members are not always treated as integral parts of the center staff. Teachers are not included in family goal-setting and briefing meetings, and they are not routinely informed of family events and crises that may affect or explain a child's mood and behavior while in child care.

VI. Evaluation

Funding

The Bar None Endowment Fund is considering future funding of more FRCs. To help decide whether this is a wise move, Bar None is funding one-third of the five-year FRC evaluation costs. The Patriot Games Foundation is funding one-third of the evaluation costs and the state is funding the remaining one-third. The evaluation budget is approximately $100,000 per year for five years (the total budget is $500,000).

Reporting Requirements

Each of these entities has its own reporting requirements. The state measures impact/outputs. It is mostly interested in quantitative measures. The Bar None Endowment measures both process and outcome. Bar None wants to hear from people, thus it views qualitative measures as most important, although this data must be supported by quantitative measures. The Patriot Games Foundation is new to the field and is not sure what it wants. At the moment, to get an understanding of implementation issues, it is requiring process evaluations. These may be qualitative, quantitative, or both. In addition, each of the funders requires an annual report. The problem for the FRC is that the state operates on a fiscal year cycle and the foundations on the calendar year.

Stakeholders

In addition to these stakeholders, the city of Old Grove as well as the CAB and staff of the FRC have an interest in the evaluations. Old Grove's interest is based, in part, on the viability of establishing more FRCs. While money has been earmarked for five years, Robinswood really has only 18 months to show that the FRC model can work in Old Grove. If it does not show real progress, the future is dim for other FRCs. Old Grove has mandated that the FRC submit an interim report, although it will not fund this evaluation.

The governor has a pronounced interest in the FRCs. First, the state is funding them. Moreover, the governor is already planning his reelection bid. If the FRCs are viable, promoting them will become a cornerstone of his campaign. If they do not strengthen their communities, he will instead campaign to stop their drain on state coffers.

Moondabber has become committed to activism. He has helped form a group called Teens 4 Tots (T4T). T4T views the FRCs as instruments for positive social change. As T4T is learning advocacy and leadership dynamics, it is becoming increasingly interested in the FRC evaluation process and outcome reports. The same is true of Elders for a Better Community, Safe Harbor, The Gatherers, the WFCNC, and the conservative tax payers group.

Teachers and the school district see themselves as particularly interested and affected stakeholders. The success of the FRCs depends, in part, on how well the schools select the families to be referred and on how well these families are served. Additionally, teachers who tutor in the FRCs do so on a volunteer basis. There is some talk that, if the FRCs succeed, FRC tutoring responsibilities may become a part of future teacher contract negotiations.

Access to MIS Data

Evaluators will have access to MIS data from the school district and local social service and public health agencies. The forms used to capture the data include family profile forms, adult educational and vocational training records, child care and education records, developmental screening and assessment forms, family and child service plans, family service contact forms, and referral forms. There are two significant problems concerning access to MIS data from these various sources. First, confidentiality rules prevent many agencies from sharing data. While not free of problems, one way of circumventing this barrier has been the use of common provider intake forms. This practice should provide fairly accurate and consistent information about those being served. Second, the data systems are not yet integrated. If confidentiality were not an issue, creating an integrated data system would be an easier task. Data could be stored at a central site and easily accessed. However, no such system exists in Old Grove.

Many programs view evaluation as part of the cost of doing business. Practitioners know what they want to do, have their own informal ways of gauging whether their actions are getting results, and ask their own questions about how to improve the program. Formal evaluation is seen as something that must be done by them or to them in order to receive funding. It is linked to neither planning nor process. Similarly, program participants and community stakeholders often mistrust evaluations, perceiving them as distant from their concerns, technical, and possibly manipulative. Because evaluation has traditionally been imposed on programs and driven by technical expertise, the locus of power in evaluation has been external to programs and participants. The rationale for this separation is rooted in evaluation's performance monitoring function. In this traditional model, evaluation provides an answer to the question, "Does it work?" for external stakeholders, usually funders. Evaluation does not function to inform program planning, development, or improvement, except incidentally. Increasingly, researchers

are recognizing the limitations of traditional evaluation and are joining with practitioners and stakeholders to seek methodologies that both enable systematic and rigorous independent assessment and encourage participant ownership of evaluation goals, processes, and findings.

Participatory evaluation is one approach that has been developed in response to these concerns. Increasingly, researchers and funders see the merits of involving practitioners and participants in the evaluation of the services they provide and use and of the resources in the communities where they live. On a practical level, involving practitioners in dialogue about the goals, strategies, and practices of their programs increases affiliation with the evaluation and the likelihood of solid data collection. While participatory evaluation is gaining legitimacy from a research perspective, it has long made sense from a practitioner's point of view. Involving those who use, staff, and support a program in planning and assessment greatly enhances a program's ability both to understand its strengths and limitations and to develop the political currency needed to ensure long-term relevance and resource support.

The logic behind participatory evaluation flows directly from two basic givens:

• *"Evaluation" is a value-laden term.* Defining a good program is not value-neutral. A good program is one that meets expectations and conforms to the desired values and customs. Evaluation, therefore, is dependent on clear definitions of key goals, processes, and practices.

• *Expectations, values, and customs vary enormously, and stakeholders in most programs have multiple and often competing goals.* Therefore, both the results and the relevance of an evaluation can vary enormously, depending on whose perspective the definitions reflect.

If evaluation must be placed in a context, the essential question is *whose*. Participatory evaluation, put simply, gives priority to understanding and including the expectations, values, and customs of the stakeholders most directly involved in the program — parents, staff, and community leaders.

In its fullest definition, however, participatory evaluation goes beyond an effort to look at the program through the community's eyes. It engages the community — in particular the program participants — in the design, implementation processes, and interpretation of data analysis of the evaluation in ways that both empower the community and enhance the effectiveness of the program. Ostrom, Lerner, and Freel summarize this approach to evaluation in a recent article. They write that a participatory and normative approach to evaluation:

• Builds on the values and meaning system of the youth, families, and other stakeholder groups in the community

• Engages the community coalition as active participants(partners) in the evaluation

• Enhances the capacity of the community partners themselves to identify, organize, and use their assets (McKnight & Kretzmann, 1993) to conduct planned actions (i.e. programs) to attain goals value.

This definition raises a simple but important question: What is the role of professional researchers — that is, evaluation consultants? Clearly, the traditional separation between evaluator and program (the "evaluator knows best" approach) is not acceptable. An alternative image for the role of evaluation consultants suggests that they take on a role similar to one that architects play in drawing up the plans for a custom-designed building. They meet with the clients to offer them a structured way to discuss what they want and need and to help identify what, for them, will be the key things that make this structure "good." They work to develop the building design by clarifying its purpose, asking who exactly will use the building and in what ways. They apply their professional skills and expertise, for example, by surveying the land; discussing costs, options, and code requirements; drawing up basic plans; and consulting during the implementation process. Similarly, as architects of the evaluation, consultants must engage in an ongoing dialogue with the program's evaluation team, bringing their professional knowledge to an interactive process.

Chart 1. Organizational Chart: EMT, CAB, and FSC

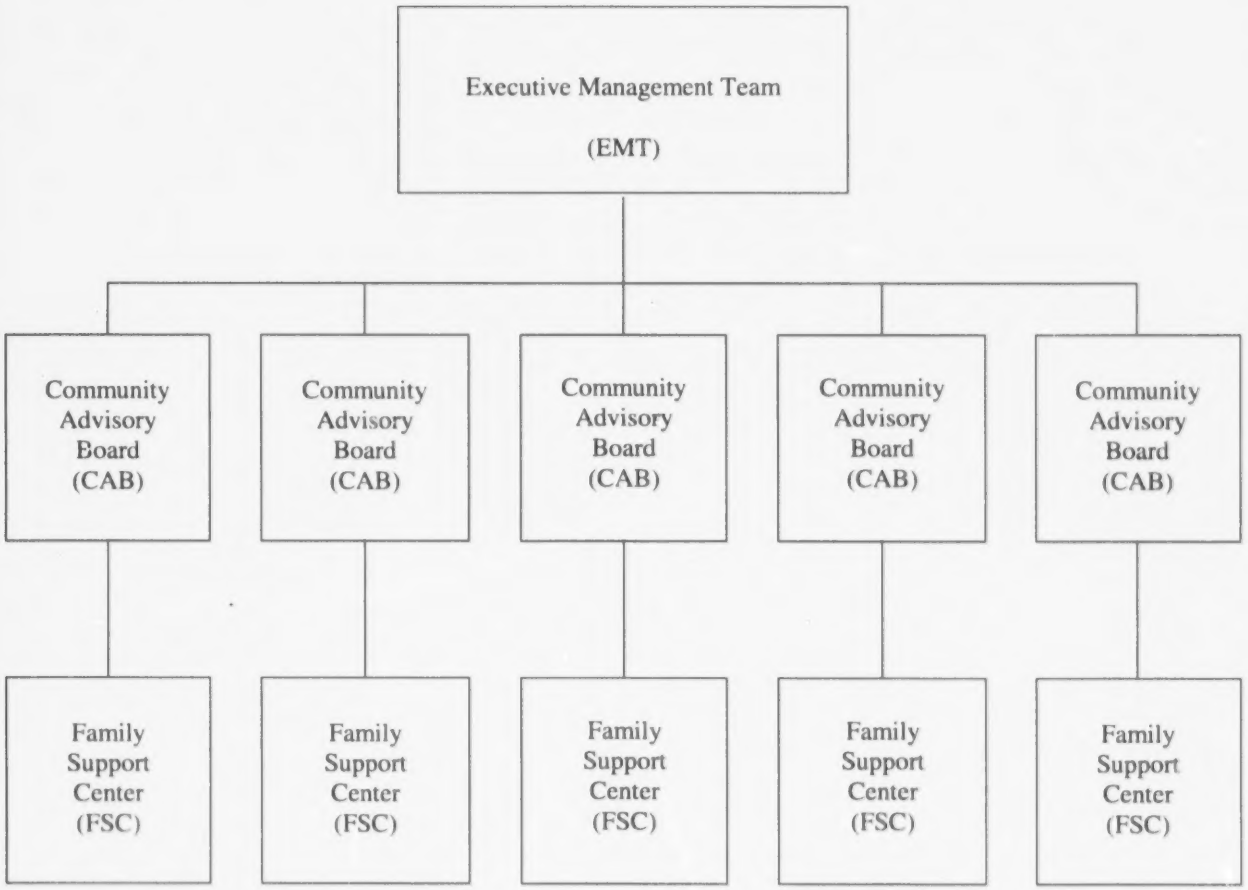

Chart 2. 1994 Old Grove Census Data

Robinswood

FSC Eligibility Requirements

A. Live in target community
B. Have children ages 0 – 11
C. Income 100% below federal poverty guidelines for family of four

Total Population		Parents With School-age Children		School-age Children	Eligible for FSC Services
> 60	1500	> 60	0	0	0
40-59	3000	40-59	2000	1000	600
25-39	5000	25-39	4000	3000	2000
19-24	2500	19-24	2000	1700	1000
15-18	2500	15-18	1000	800	800
6-14	2000	6-14	100	50	50
0-5	3500	0-5	0	0	0

Chart 3. FSC Staff Organization

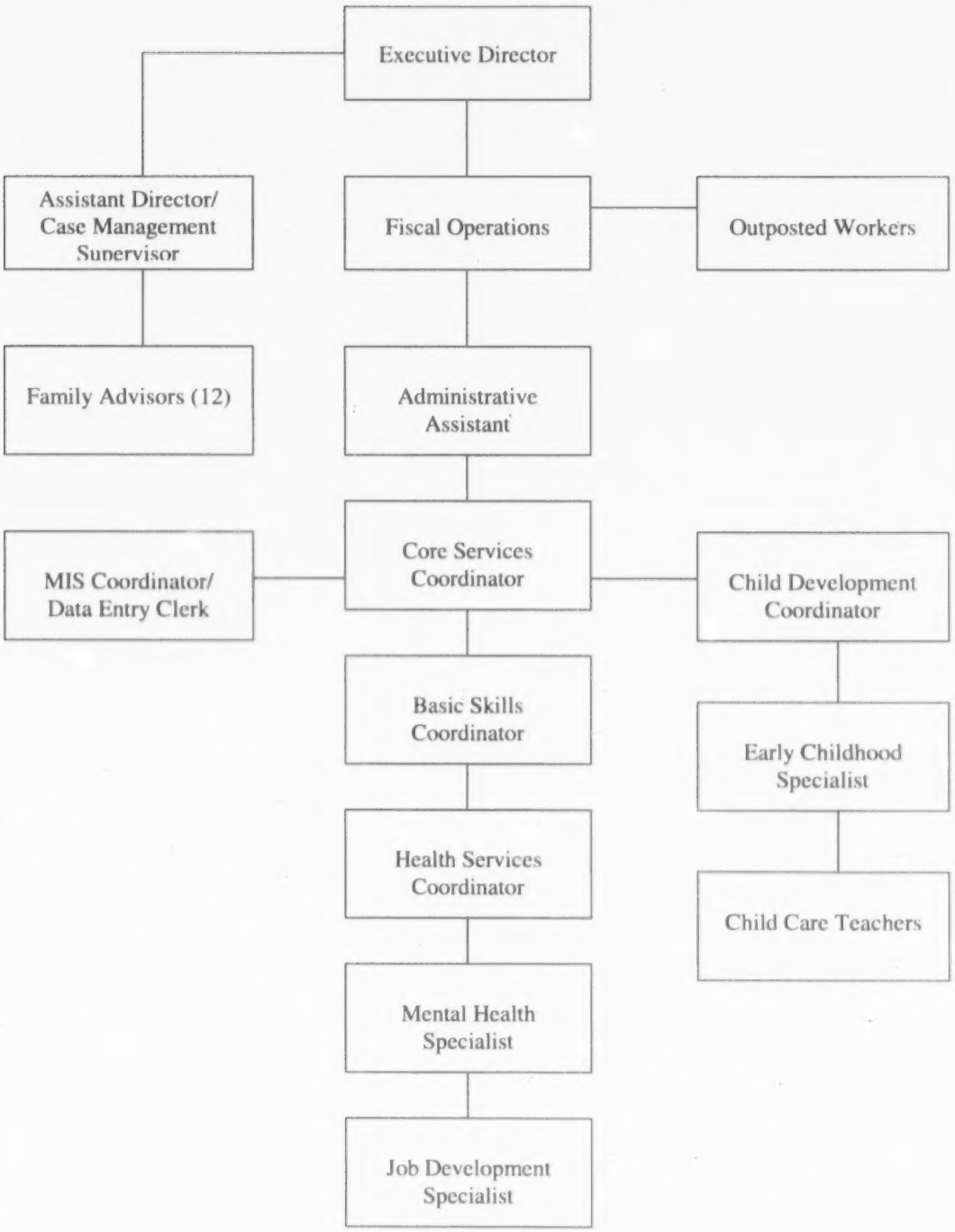

Chart 4. Family Support Center Services

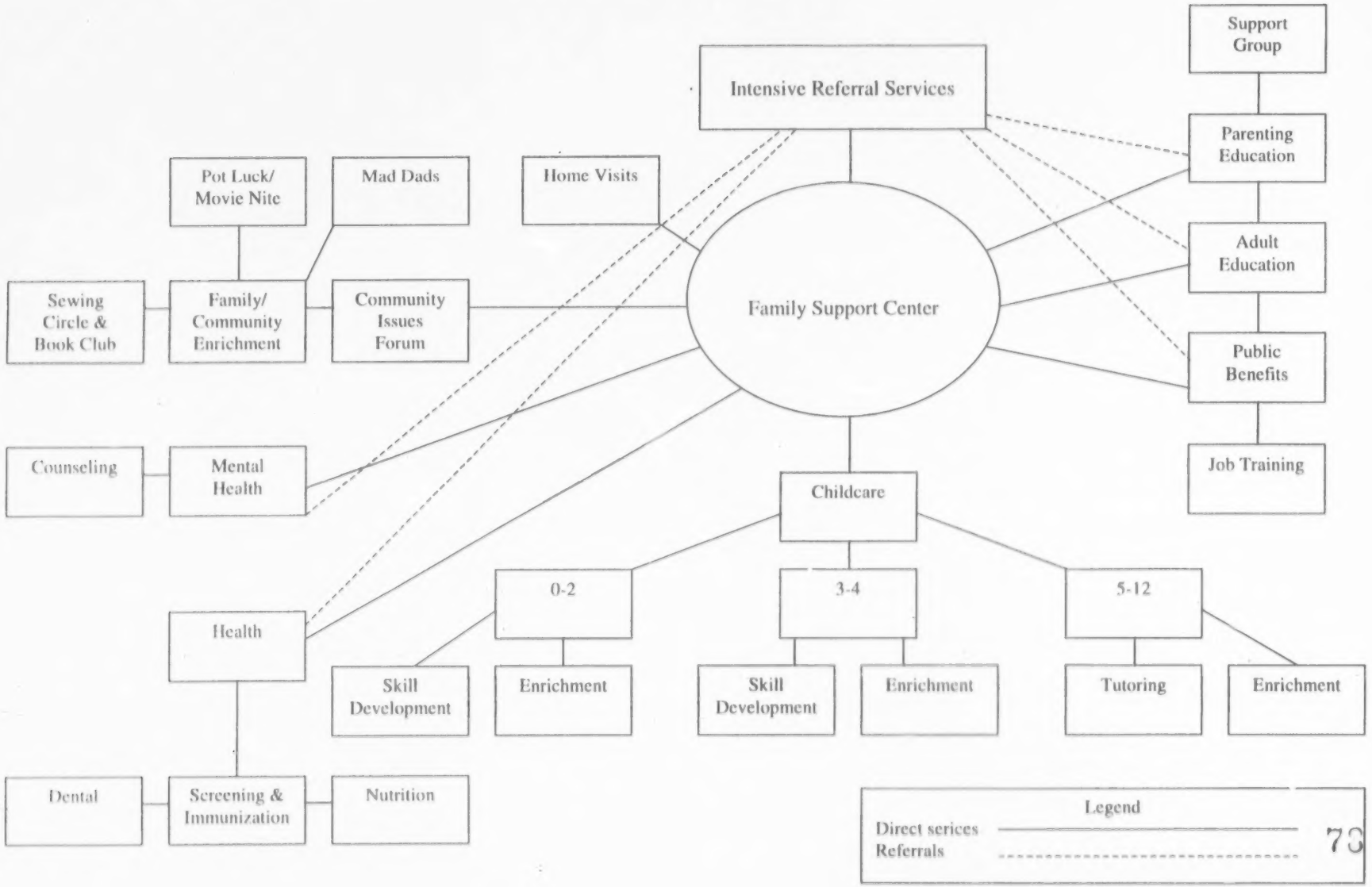

Chart 5. FSC and Outposted Staff Direct Service Delivery Responsibilities

Service	Staffing
Parenting education: Parenting skills, budgeting, family planning	Nutritionist/Health Specialist, Health Services Coordinator, Child Development Specialist Public Health Outposted Workers, Family Advocates, Mental Health Specialist, DSS Outposted Workers
Adult education: Adult literacy, GED, ESL	Core Services Coordinator, Basic Skills Coordinator
Job training	Job Development Specialist
Dental care, screening, immunization	Outposted Health Care Workers
Public benefits services: AFDC, emergency assistance, and other benefits	Public Welfare Outposted Workers
Childcare services: childcare, afterschool care, skill development, enrichment, tutoring	Child Development Coordinator, Early Childhood Specialist, Nutritionist/Health Specialist, Parent Volunteers, Early Childhood Workers, Teachers/Tutors, Family Advocates
Home visits	Family Advocates, Early Childhood Specialist, Public Health Outposted Workers, Mental Health Specialist, Child Development Coordinator
Mental health counseling: Substance abuse, mental health and family counseling	Public Health Ouposted Workers, Mental Health Specialist
Support groups	Mental Health Specialist, Family Advocates, Job Development Specialist, DSS Outposted Workers
Family recreation, community development	Supported by all staff

APPENDIX C

Mixing It Up: Participatory Evaluation as a Tool for Generating Parent and Community Empowerment

Karen Pittman, Merita Irby, and Michele Cahill

The following presents an example of the type of preparatory document a participatory evaluation consultant team might produce for a program. The program, in this instance, is the fictitious Robinswood Family Resource Center, the first of several FRCs planned for Old Grove. The FRC has a CAB composed of "family, community, business, nonprofit agency, and school/school district representatives who have the authority to speak for their constituencies." At least one-third of the CAB must be composed of parents.

As the evaluation consultants, we are responding to a background paper on the history of the initiative and the politics surrounding it, and the concrete objectives, services, structure, and staffing of the FRC. Based on this background paper, the following discussion offers a structured framework to facilitate discussion and negotiation of a final evaluation plan by the CAB. It assumes, reflecting the definition of participatory evaluation, that the CAB's goal is to involve parents and the community on an ongoing basis not only in design but also in implementation and analysis and to use the evaluation as a tool for community empowerment and program strengthening.

This chapter does not present an evaluation plan. Rather, it offers a framework to guide the CAB as it thinks through why and how it should plan and staff an evaluation and share findings with stakeholders. The paper offers the CAB a process for answering three broad sets of related questions:

- *What are the goals and expectations for the FRC?* What did the stakeholders of the Robinswood FRC originally want? What were their long-term goals? Have these expectations and goals changed? What are the bottom-line improvements that key stakeholders want to see made before they maintain or increase their investments in the Robinswood FRC and the FRC model?

- *What questions should guide the planning and evaluation processes?* What are the key questions that should guide evaluation and planning? What is unique about the FRC approach? What theory of change does the FRC approach hold? What do various stakeholders think will be accomplished or will change through the work of the FRC? What is the evidence backing these beliefs? What processes and strategies are seen as critical and are being implemented? How can these criteria be prioritized? Do they fully reflect the stakeholders' multiple goals and expectations?

- *How will the success of the FRC be measured?* How is success defined by key stakeholders? Is there consensus on key indicators of success? How do these definitions differ? For example, are most stakeholders defining success by areas of service delivery changes and improvements? Are most defining success along areas of impacts on participants' lives? Are stakeholders

differentiating by short-term and long-term? What are some strategies for collecting evidence? How will research professionals/evaluation consultants be used to inform the validity of measures of success? Is this going to be a one-time evaluation or the basis for an ongoing system of evaluation and planning?

Numerous opinions exist about what the FRC will and should do for children and families. The CAB has a critical role to play in balancing and prioritizing expectations. First, the CAB must assess its own understanding of the FRC model — what, for the CAB members, are the most important indicators of success? Is there consensus within the CAB? Then, it must assess how its criteria for success square with those of other key stakeholders (participants, staff, funders and political supporters, community organizations, and related service providers). Are there stakeholders (e.g., youth, parents, staff) whose views are not adequately known? How do CAB priorities for the FRC match with those of other stakeholders? Which stakeholders are key to the success of the FRC? What information and which results do funders and political supporters want or need to maintain (or increase) commitments? What information do the program staff and director need to assess the program and plan for improvement? What do parents and participants need to accomplish their goals? What do community groups and leaders need in order to develop ownership and increase involvement? Finally, the CAB must set a course for the evaluation that links directly back to planning and resource development and that builds in, from the beginning, concrete plans for including stakeholders in the evaluation's implementation, analysis, and information sharing.

Our recommendation is that the CAB consider a four-step process in which evaluation consultants work with the CAB to clarify its own goals, expectations, theories of change, and understanding of the parameters of the FRC strategies and to develop a framework for discussing plans and goals be with key stakeholders that will lead to the design and implementation of an ongoing, iterative evaluation process. The first step will involve a retreat and the formation of an evaluation committee for follow-up work with the evaluation consultants. Second, the evaluation committee will work with the consultants to develop a written report that presents an evaluation framework in simple, straightforward terms and invites comments from stakeholders specifically concerning focus and definitions of indicators. Third, the committee and consultants will design an iterative process of working with stakeholders to prioritize the types of success desired and define the specific criteria for success. Finally, this team will develop an evaluation design that includes a permanent process for collecting, analyzing, and disseminating data and information.

Intentional capacity building among members of the CAB and the staff of the FRC throughout the definition and design stages of the evaluation is crucial to achieving the ultimate goal establishing a system and support for ongoing evaluation and planning for the FRC. Ideally, the CAB and FRC may wish to identify a point person who could provide ongoing support to their evaluation efforts at the outset. If they determine that they cannot find such a person within their ranks, they may wish to contract part-time with a local university student or similar consultant who can join in their deliberations beginning with the retreat and provide them ongoing support as they develop and refine the evaluation system. The necessary qualifications of such a support person are outlined in Step 4.

STEP 1. Clarifying Goals and Expectations

The written material on the start-up of Old Grove's Early Childhood Education and Family Resource Center Initiative suggests that a diverse group of stakeholders (city council members, community and child welfare advocates, legal services representatives, various health care providers, social services representatives, early childhood and elementary educators, businesspeople, and citizens) came to consensus on the following mission: To improve the community by building on family strengths. Specifically, to work for positive change in the development, educational achievement, job readiness, self-advocacy, economic self-sufficiency, and social, physical, and mental health of Old Grove's low-income children and families.

However, the path from broad and expansive statements of goals to concrete commitments toward implementing strategies or interventions designed to achieve certain outcomes is not a straight one.[31] Any program as complex as an FRC has a number of potential indicators of success — too many to be tracked in a modest evaluation effort. At the first level, the CAB has to distinguish between implementation indicators for the core FRC strategies and indicators of changes in family well-being outcomes. The CAB needs to push each member (as a representative stakeholder) to identify the three or four specific criteria that they would use to judge the FRC's success.

The background paper alludes to a number of these diverse criteria. The Robinswood FRC's funders are interested in a full range of evaluations: outcome/impact (quantitative data) and process (quantitative and qualitative). The FRC's critics and skeptics are particularly interested in gauging how well the FRC can actually develop a coordinated services system with its public (e.g., Department of Human Services) and nonprofit (e.g., other child development programs) colleagues. The local advocacy groups see the FRCs as instruments for positive child development and social change. Other stakeholders (the mayor, the governor, other FRCs) stand prepared to promote or expand the model if it is deemed viable, although the factors that determine viability are not clear. The teachers and school district are interested because they are part of both the referral and service delivery processes. (Presumably, they are interested in evidence that the after-school tutoring increases achievement/engagement and that the use of teachers has positive benefits.) At this point, there is no information on which issues the staff and participants are most interested in.

Ultimately, the CAB will have to define ways to hear, consider, and incorporate these diverse views into the evaluation. The first step, however, is for the CAB, which is itself a diverse body, to clarify its own perspective, as well as to grasp the many and potentially competing priorities of the various stakeholders. We recommend that the group start by reviewing what it has already put in writing.

---

[31] Many people (including us) find the "goals, strategies, objectives, indicators" language confusing. Our criteria for identifying a "goal" statement in the background paper was simple: Is this something that could be achieved by the program? Could it be measured? We will use the term *goal* to refer to all of these statements, offering adjectives that describe the type of goal. We will use the term *outcome* to refer to the concrete activity, process, or behavior seen as desirable, and the term *indicator* to refer to the specific measures developed to track progress.

As evaluation consultants, we have summarized many specific statements about goals, strategies, and expected services from the initiative contained in the background paper as a discussion tool for the initial CAB retreat and for follow up with various stakeholders. These statements come directly from the text (see chart 1).

When viewed as a list, these statements suggest an extremely ambitious set of goals and appear to reflect major differences in opinion about what the FRC should accomplish. Yet, when grouped, these numerous goals reflect the complex reality of the program. As shown in chart 2, there are long-term *individual goals* (e.g., improve job readiness), immediate *strategic goals* (e.g., engage the community, eliminate service fragmentation), process or *implementation goals* (e.g., use family advocates), specific *service goals* (e.g., offer child care), and concrete *community impact goals* [32] (e.g., serve 75 children).

Before discussing the specific entries in each category, we recommend that the CAB take time to discuss the *categories* themselves on three levels:

• *Basic utility:* Do these categories make sense? Would they be more generally understood if they were renamed? Are they (or categories in general) useful ways to think about the range of things that have been proposed and begun?

The CAB needs to find a language for talking about the plans, programs, and progress of the FRC that makes sense to all stakeholders. This language will be used to shape the evaluation and to present information back to those involved. It is important that the categories make sense, not only from an evaluation perspective but also from planning and communications perspectives.

The FRC was established to meet the needs of low-income families with young children and to work for positive change in a wide range of areas of achievement and well-being. Clearly, then, one key set of evaluation questions will be about impact: How well were needs met? For how many children and families? To what end — did achievement or employment improve? But the FRC, as is well reflected in the background paper, was also put in place to demonstrate that needs could be *better* met if services were delivered in a particular way from a particular perspective. The FRC's individual, strategic, implementation, service, and community impact goals, in other words, reflect a specific philosophy. This philosophy led to a programmatic design for new ways of providing services. This is why it is important that the CAB think through the importance of tracking implementation and, in fact, all of the categories and not limit itself to tracking only progress towards individual or community impact goals.

[32] *Community impact*, as we are using it here, refers to aggregate, larger-scale goals. Numbers reached are often the most typically tracked and measured outcomes for reporting purposes. While we argue here for an expanded range of outcomes for evaluation, we also believe that scale of impact is a crucial indicator of long-term program effectiveness and should be included in any evaluation design. As there is often a tension between quantity (e.g., percentage of children served) and quality (e.g., individual gains in achievement), it is important to ensure that both are included in the equation.

• *Interconnections:* How do these categories connect? Are they of equal importance during the first year? The first three years?

It is also important that the CAB understand and be able to communicate to others how these categories of goals interrelate and how they will be prioritized over the years. It is important for the CAB, and any other key spokespeople for the FRC, to be able to articulate how the categories connect. For example, strategies should be supported by structures and practices, which should lead to better delivery of services to the recruited families, which should result in improvements in child and family outcomes. Being able to link one type of evidence (e.g., individual achievement data) to another (e.g., implementation of a new practice, such as staff outreach) is critical for planning, evaluation, and long-term resource and constituency development.

The categories (service goals, implementation goals, etc.) connect. But each category can and should be planned and evaluated in its own right. Clear evidence of individual positive or negative change can often overshadow a weak assessment of program implementation, but both are important to understanding what has been tried and what has or has not been accomplished. Human and fiscal limitations often mean that an emphasis on one category (e.g., careful implementation) may have an impact on another. For example, a first-year priority on carefully building structures and setting in place consistent practices may result in lower, rather than higher, service delivery figures. In much the same way, a commitment to recruiting families at extreme risk may similarly affect the evidence of individual gains in achievement, employment, health status, and the like. Having information available on each of these levels can lead to a better program brought about by planned, purposeful implementation changes.

• *Reflection of family support philosophy:* Do the subcategories offered make sense, given the premises and philosophy?

In chart 2, each category has been broken down into several subcategories that reflect both the types of specific goals listed in the report and the philosophy and premises of a family support approach/community building approach, as follows:

Individual goals are defined for both parents and children, reflecting the belief that parents are critical to their children's development.

Strategic goals are broken down for families, community, and systems, reflecting the belief that all three levels need to be engaged.

Implementation goals are defined in terms of both structures and practices, reflecting the belief that changes need to be made in both.

Service goals, reflecting the basic "build on strengths — empowerment" philosophy of family support, are broken down into three categories: services (basic care and training provided to children and families), supports (interactive assistance offered to families that builds their capacity to handle their own affairs), opportunities (concrete opportunities for contribution, involvement, and leadership).

Community impact goals are broken down into intensive, direct, and indirect, reflecting the broader commitment to community building.

Just as the five broad goal categories connect but also compete, so do the subcategories. The family support philosophy, for example, places strong emphasis on helping the child through strengthening the family. When working with young children, the implications of this philosophy are clear. When working with families with adolescents, however, one finds that clarity is more often challenged by operation difficulties (it is harder to reach parents of adolescents than parents of preschoolers) and by competing developmental needs of adolescents. How much effort does the program expend on engaging and strengthening the family versus offering direct services to the adolescent? Does the program invest limited resources in promoting job readiness among parents or academic achievement among adolescents? Some answers to these questions lie within the family support philosophy and should be teased out before the process of defining and prioritizing specific criteria is begun.

Given the varying perspectives of the stakeholders, it is crucial that the CAB have a firm grasp of the family support philosophy in order to ensure that decisions about what to track for planning and assessment purposes square well with basic beliefs about what is important. In our review of the background materials, there were two places in particular where we felt the philosophy (as we understand it) did not match the criteria listed. The emphasis on offering families opportunities for leadership, self-advocacy, and contribution was not reflected in the written goals and success criteria. Neither was the broader commitment to changing conditions for all families, not just those who use the services directly (i.e., changing conditions through policy advocacy, system reform, etc.). The CAB may want to discuss these and other questions to be sure that the philosophy is reflected in the categories and subcategories.

STEP 2. Drafting a Discussion Report

The CAB should work with the evaluation consultants to produce a document that lays out for all the stakeholders the framework for the evaluation, including the philosophical and practical connections between goals, strategies, program components, and services. We would offer the following analogy to guide the CAB in thinking about what this paper needs to communicate to stakeholders.

Designing and implementing a program is very much like planning a long car trip. You have to know where you are going, estimate how long it will take you to get there, and gauge what fuel and supplies you will need. You must also be sure that the car is capable of handling the trip (all systems are working), and that all of the gauges and indicator lights on the dashboard or under the hood are operative.

Developing a planning and evaluation design is a lot like designing the dashboard. What are the key functions (or outcomes) that need to be tracked? Which ones are so critical or fluctuating that they need constant monitoring and should be on the dashboard? Which require frequent checking and should be accessible under the hood? The subcategories outlined in chart 2, if correctly defined, should be the main dials of the dashboard or the accessible under-the-hood

indicators. Like the speed, mileage, battery, heat, and oil pressure indicators, these should be the dials that tell stakeholders how the program is operating. These become the main focus of the assessment, planning, and information sharing. Evaluation consultants play a crucial role during the CAB decisions on indicators. Research professionals must bring information about the power of each construct and indicator and about the practicality of tracking such an indicator to the CAB. Evaluation consultants are ultimately responsible for informing the stakeholders about the implications of their choices for the validity of the evaluation and they must build such conversations into the process.

Once the CAB has talked through the categories and subcategories and has crafted its own framework for discussing the planning and evaluation, the next step is to *mix it up* with staff, participants, community leaders, other service providers, and funders. The questions that remain to be answered are which subcategories (e.g., long-term individual) get the high priority of dashboard dials or the lower priority of under-the-hood access, and what specific indicators (e.g., educational achievement) go on the dials or dipstick? These are questions that should not be decided by the CAB alone.

The CAB, with the assistance of evaluation consultants, should produce a document that puts the possible dials and indicators decided upon in the context of the designation and the trip plan. The philosophical and practical connections among the goals, strategies, program components, and services need to be clear. Without these connections, the specific indicators selected in each category seem random. This document should be easily readable — no more than 20 pages long, and produced in large type with charts or diagrams. It should ask questions as well as answer them and give stakeholders a sense of what the process for involvement is going to be. This will be the tool that the CAB, the evaluation staff, or evaluation volunteers take out to stakeholders (in interviews, focus groups, and public meetings) to explain what the FRC is trying to do and how it proposes to track its progress. The statements should be simple enough that stakeholders can agree, disagree, or comment without studying the report.

There is no doubt that soliciting input at this stage is time consuming. But, if done correctly, the ownership generated is well worth the effort. However, there is one important caution. Soliciting input creates a responsibility to take it seriously. If parents state that the most important services for them are aerobics and the support groups, this needs to be heard. If funders feel that the FRC must reach more families, this must be noted. It is impossible to accommodate every opinion, but ignoring some opinions is worse than not getting them in the first place.

STEP 3. Defining the Key Planning and Evaluation Questions

One of the most powerful aspects of a participatory evaluation approach, especially when implemented in the early stages of program development, is that planning, implementation, and evaluation can be intertwined. Programs and services can be added, deleted, or revised. Rather than taking statements of goals and objectives as givens to be tested, a participatory approach can be used to develop a dialogue between planning and evaluation processes that strengthens both.

As an example, the Robinswood FRC's service delivery target is 75 children. A straightforward evaluation question for the FRC is: Does it meet or exceed this target? From a planning perspective, however, there are several other sets of questions:

- Can the FRC realistically meet this target? What is the evidence of capacity? What will need to be in place (staff, facilities, licenses, waiting lists)?

- If the FRC meets this target, will it be seen as sufficient by funders, participants, advocates, and organizational collaborators? The target is modest compared to the estimated number of eligible children. Is this all that is needed in the community (how long are the waiting lists of the other providers)?

- Are direct child care and after-school services such a priority for stakeholders that the FRC should rethink its allocation of resources? What are the constraints? If the FRC cannot boost the number this year, can it lay out a long-range plan for future years? What would need to be in place to ensure that that plan is fulfilled? Is there a role that the stakeholders can play?

Soliciting input from parents, staff, community leaders, funders, and policymakers in the discussions from the beginning is the best way to ensure that these questions surface and are addressed early on. If, during the interviews, focus groups, and meetings, significant issues emerge, the FRC and the CAB can invite stakeholders to work with them to review the assumptions about need, budget, and capacity that led to the numerical target. Perhaps there are assumptions that stakeholders feel are wrong (e.g., how many parents would want full-day slots, how many teachers would be willing to volunteer, how much space is available from the school). More likely, there are assumptions that, while correct, could be addressed through stakeholder action. If, through the participatory planning process, the stakeholders feel that more slots are needed, a subcommittee could be formed to look for mid- and long-term solutions. The issue then shifts from being solely a question of FRC capacity and becomes a way to enlist community participation and creativity. The FRC, given the commitment not only to provide quality services but also to promote community engagement, could find that, after discussion, it is in a better position to address the community's child care needs through training, advocacy, and coordination than through the expansion of direct services.

A similar dialogue could take place about outcome indicators that the FRC hopes to achieve. A range of stakeholders in the FRC have indicated hopes that they will see improvements in child and family well-being and achievement outcomes result from the FRC's work. Some of these, who may be public or private funders, may be looking for positive outcomes that program practitioners consider overly ambitious. For example, public officials may be looking to the FRC to decrease the number of foster care placements among families in the FRC's neighborhood, or to increase school readiness and successful completion of kindergarten by children whose families are participants in the FRC. Dialogue between the CAB and evaluation consultants should uncover the relationship between outcome indicators (kindergarten success, avoidance of foster care placement) and programmatic or strategic inputs. These discussions should lead to formalizing a process undertaken with evaluation consultants, who will propose realistic relationships between types and levels of inputs and outcomes based on theory and previous evaluation experience, and kinds of data that can be collected. The evaluation consultant needs to

help the CAB/evaluation team identify indicators and evidence that are realistic and practical and that agree with the philosophy and theory of change inherent in the FRC. This dialogue is essential if an evaluation is to address feasible accomplishments.

Essentially, in each category or subcategory of goals, the CAB, with the evaluation team, needs to look at the specific criteria lists from a variety of perspectives: short-term planning, long-term planning, community change, program evaluation, resource, and constituency development. It also needs to ensure that the criteria selected work for the majority of its stakeholders. (This task is much easier once the CAB has completed its process, however.)

The CAB, or its evaluation team (which might now include new members who emerged from the input-collection process), is ready to work with evaluation consultants to develop an evaluation plan. Again, this plan has to flow directly from planning questions that have been raised.

A major challenge facing this team and consultants will be identifying outcomes and indicators of progress that are valid and realistic for the programmatic strategy. Illustrative planning questions and evaluation indicators for community impact goals are given in chart 3. A similar chart should be made for each of the five outcome categories defined above, breaking out the subcategories if the questions seem different.

STEP 4: Collecting and Disseminating the Data

Our recommendations here are straightforward: Base the data collection process in-house, and collect and disseminate information frequently. Participatory evaluation requires flexibility. There are a variety of stakeholders who have to be involved in a variety of ways, and their involvement will require a variety of techniques.

The CAB and its on-site evaluation/documentation staff will need to work with an evaluation consultant to identify and consolidate sources of "hard" data (e.g., family profile forms, school records) that could be useful in tracking progress on some of the indicators they decide are useful. It should also work with this team to put in place management information systems that track basic data for the participants that the FRC serves directly (rather than refers). But we suspect that much of the information the CAB and its stakeholders want tracked will not come from existing forms and is not simple "count" data (how many times services were provided, what grades or scores were received). In our opinion, the best way to have the flexibility needed continuously to define and collect the necessary range of information is to formalize the documentation process. For example, focus groups or surveys could become a regularly scheduled and expected part of the calendar year. A dedicated staff person could be assigned to this work. If the FRC is near a university, it could look into finding a graduate student who would consider doing the evaluation as a part of his/her degree work. The person hired needs to have a good grasp of quantitative and qualitative methods and, equally important, needs to be good at working with a range of people and be dedicated to making evaluation and planning part of the natural rhythms of the FRC's work. Focus groups, short surveys, individual interviews, and a creative use of existing data will be key to the evaluation effort. At a minimum, the evaluation staff should plan to involve stakeholders at three points:

- When finalizing the planning and evaluation questions
- During data collection, asking them to offer specific input about services received, commitments made, etc.
- When reviewing interim findings to get suggestions for changes in both program and evaluation.

In our experience, the success of an evaluation is due as much to the ownership of the process as it is to the strength of the results. Participatory evaluation is time consuming and demanding. Stakeholders (including the individual members of the CAB) must be involved, be given time to think about the questions asked, and offer opinions. Once opinions are offered, they must be respected. This does not mean that every suggestion made is heeded; it does mean that none are summarily discarded.

We recommend that, if possible, the CAB identify candidates for the staff position before the planning retreat. A creative way to interview candidates would be to have them attend the retreat (which will be facilitated by the evaluation consultants) and then be prepared to think about the follow-up strategies needed.

We also recommend that the CAB plan to disseminate information frequently. A newsletter about the FRC could be a vehicle for updating stakeholders not only on *what* the FRC is doing (e.g., upcoming activities) but also on *how* the FRC is doing. A status page in the newsletter could be devoted to the evaluation with different aspects of the evaluation highlighted in each issue. Again, when providing information, it is important to present a variety of perspectives. On the home visitation program, for example:

- How many visits were made? (change from last quarter/month)
- What did those visits lead to? (links to services, greater use of the FRC, self-advocacy efforts)
- How were the visits viewed by the families? (interviews [not done by the caseworkers] with parents)
- Did cooperating service providers notice changes in families receiving home visits?
- What do staff think about the concept, their impact, the training received/needed, other referrals and services needed?

Conclusion

Participatory evaluation is an approach to planning, implementation, and evaluation that requires a different way of thinking. Rather than laying out a tight evaluation plan at the beginning, defining all parameters and indicators, and then requiring a wait-and-see approach, participatory evaluation requires an almost opportunistic approach to information gathering. The purpose is to offer requested and important feedback on the program to staff, directors, participants, and other stakeholders that 1) incorporates their views and 2) gives them the tools needed to recommend and/or implement changes.

Participatory evaluation substitutes multiple and varied "snapshots" of progress and process for more elaborate but singly focused snapshots. (Hence the strong recommendation for an on-site coordinator to synthesize these multiple perspectives). If done correctly, these snapshots will present a truer and more useful picture to guide planning, generate ownership, and ensure that an impact is made.

Chart 1. Robinswood FSC Goals

While providing services to the entire targeted family unit, to engage and involve the community in meeting the educational and other needs of underserved young children:

- To build on family strengths, in order to reinforce the primary role that families play or should play in child development
- To promote child health
- To eliminate service access problems, service fragmentation, duplication, and isolation problems
- To respond to and meet the needs of low-income and working class families and communities in culturally appropriate and sensitive ways
- To work for positive change in the education achievement; job readiness; self-advocacy; economic self-sufficiency; and social, physical and mental health of Old Grove's low-income and working class children and families
- To recruit low-income and working class families living in the targeted areas with children between the ages of 0-11
- To establish neighborhood-based, community-managed family centers that incorporate and coordinate a range of child and family services at a site located near an elementary school (FSCs)
- To use a particular case management model that assigns to family advocates/home visitors the primary responsibility for helping children and families receive appropriate services
- To use the FSC and outposted staff from the departments of Public Health, Welfare, Social Services, and Mental Health
- To train staff to foster active community participation and involvement
- To offer services such as case management, home visits, parent education/literacy, tutoring/enrichment, full-range health counseling and screenings, and employment training free of charge
- To provide childcare, immunization, and mental health counseling on a sliding fee scale
- To make referrals for services not provided
- To develop the capacity to offer childcare to 75 preschool children; afterschool services to 50 school-age children; and screening, dental, and immunization services to 500 families.

Chart 2. Robinswood FSC Goals Categorized

Long-term Individual	Short-term Strategic	Implementation	Service	Community Impact
Parents: • Job readiness • Self-advocacy • Economic self-sufficiency • Social/mental/ physical health *Children:* • Educational achievement • Social/mental/ physical health	*Families:* • Family involvement in child development *Communities:* • Community engagement in meeting needs *Systems:* • Elimination of access barriers, fragmentation	*Structures:* • Recruitment of families • Utilization of family advocates model • Co-location of agency staff • Training of staff • Creation of neighborhood-based services *Practices:* • Focus on family strengths • Reinforcement of primary role of family • Provision of culturally appropriate programs and initiatives • Promotion of family and community involvement	*Services:* • Dental care • Screening • Immunization • Public benefits • Child/afterschool care • Mental health • Counseling • Job training • Adult education • Parenting education *Supports:* • Home visits • Support visits *Opportunities:* • Home visits	*Intensive:* • Childcare for 75 preschool children • Afterschool care for 50 children *Direct:* • Services to 500 families *Indirect:* • Community engagement (numbers of individuals or institutions involved)

Chart 3. Evaluating Community Impact Outcomes

Planning Questions (Examples)	Evaluation Criteria (Examples)
1. Intensive services for children (child care, afterschool care). Expected reach: 75	**Basic data: FRC records on enrollment, waiting lists, and selection criteria**
Is this specific goal a priority for the CAB? Broader stakeholders? Are these targets realistic, given FRC capacity? Are they sufficient given stakeholder beliefs? Are they needed, given the capacity of other service providers?	Family/stakeholder survey ranking services by importance, community availability
What are the long-range targets for the FRC? For the community? What should they be?	Number of children served in FRC child/after-school care against number projected for first 18 months (Number served by all community providers against need)
What needs to be done in year one to lay the groundwork for meeting those targets?	Evidence of increased capacity for outyears (e.g. new space leased, funding commitments for teachers, more volunteers, cooperative agreements negotiated)
2. Direct services to families (e.g., health, mental health, employment) Expected reach: 500	**Basic data: Type, number, frequency, duration of services used by families and by family member**
Which services are most needed given stakeholder beliefs and service provider capacity?	Start-up (Step 2) family surveys, provider surveys, family report data
Which services are most used? By which families? Why?	Ongoing MIS records

APPENDIX D

A User-Focused Evaluation of a Family Resource Center

Becky A. Winslow

Preface

I have approached the task of designing an evaluation of the hypothetical Old Grove Early Childhood and Family Resource Center from my perspective as a state-level policymaker who is responsible for helping to conceptualize and organize the evaluation of a statewide, community-based child and family support initiative, Georgia's Initiative for Children and Families. The initiative is focused on improving results for children and families.

A team of professionals is developing an evaluation that will support a system in which the state and communities negotiate terms of accountability for achieving mutually agreed upon results. In the effort to link results to budgets, defensible and useful evaluative data are critical as policymakers, program managers, providers of service, community-based governance groups, and other stakeholders make decisions.

Members of this team — a researcher, an evaluator, and policy staff members in a community that is evaluating a FRC — contributed substantially to the ideas and content of this paper.[33] The state initiative is a partner with the community in financing the evaluation as a demonstration for use in other partnership communities around the state. The community is employing a self-evaluation approach.

I. Introduction

Communities across the country are beginning to come together to address the complex problems of children and their families. They are forming collaborative initiatives that have as a core feature neighborhood-based and community-managed family centers designed to accommodate and treat in a coordinated way the service and civic needs of community members. The hypothetical Robinswood Family Resource Center is an example of such an initiative. Do such neighborhood ventures make a difference? How are the lives of children and their families enriched by these efforts?

Traditional, external, after-the-fact evaluation seems woefully inadequate to the tasks of answering these questions and informing decisions intended to guide the development and evolution of neighborhood-based, community-managed family centers such as the Robinswood

[33] The members who contributed to this paper include Laurie Dopkins, a research consultant; Stan Schneider, an evaluator with Metis Associates in New York City; and Mary Willoughby, director of strategic planning and finance for the Chatham-Savannah Youth Futures Authority.

FRC. What is needed is an evaluation that has as its essential elements sensitivity, credibility, rigor, and utility. It must be valued by those who will need and use the evaluative data to inform planning, policy, program, and budget decisions. User-focused evaluation, also called self-evaluation, is such an approach.

Basic assumptions and beliefs that inform the use of user-focused evaluation for such a case as the Robinswood FRC include:

• Persons governing policy, program, and budget decisions must hold a fundamental value in order for systematic evaluative information to guide and inform planning intended to improve results for children, families, and communities. For example, people making decisions regarding improvement of a program would expect to have evaluation information describing whether the program did what it intended, served its target group, and achieved the intended, or any other, results for the individuals and/or families.

• Community-based evaluation of such initiatives can be successful and empowering. It does not imply evaluator-free or rigor-free evaluation. Trained evaluators and others who have the skills needed to conduct defensible evaluations should collaborate with community-based policymakers and program staff on design, analysis, and interpretation issues. Self-evaluation "emphasizes the *shared* interests of policymakers, program staff, and evaluators."[34]

• Evaluation does not have to interfere with service delivery. If staff members who provide and manage services are involved in developing the evaluation, they will be active participants in collecting data that serve their needs and will be more likely to use the results to inform policy and program changes. Disruption can be minimized if there is an information system supporting service delivery that has been designed with the participation of program staff and managers and evaluators.

• To be most effective, self-evaluation should be part of an ongoing support system for making the best possible decisions for improving results for children, families, and communities. The other parts of the system include a clear set of results or outcomes; benchmarks or indicators that are believed to measure progress toward the longer-term results; a baseline for the results and benchmarks that measure the starting point in a community (or state, or neighborhood); and a regular decision-making process that analyzes actual progress on a set of benchmarks.[35]

A self-evaluation approach is one in which evaluation is wholly integrated with an ongoing strategic planning process. Such an approach includes building an infrastructure for self-evaluation as well as the evaluation plan, including its organization and management.

[34] Usher, C. L. (1995). Improving evaluability through self-evaluation. *Evaluation Practice, 16*(1), 59-68, p. 59.

[35] Friedman, M. (October 1995). Conversation with the author regarding the relationship between outcomes, evaluation, budgeting, and policy and program decision-making. Washington, DC: Center for the Study of Social Policy.

II. Getting Started: Building the Infrastructure for Self-Evaluation

1) A clear vision, including explicitly stated, agreed-upon outcomes and indicators

For self-evaluation to be successful in Robinswood, the evaluation must be governed by a body whose membership represents a cross-section of stakeholders. This governing body must make decisions about a shared community vision for children and families, about results or outcomes, and about indicators or benchmarks.[36]

These measures of success or failure must have meaning to Robinswood's residents and stakeholders or they will invest little in them. For example, one benchmark that might measure progress toward the result of healthy children is reducing teen pregnancy. However, members of both the EMT formed to guide Old Grove's Early Childhood Education and Family Resource Center Initiative and the Robinswood FRC's CAB must agree that this is important to them as a measure. They must then understand what it means in their community by looking at such data as number of teen pregnancies and births to teens, outcomes of births to teens, the age distribution of teen mothers, the educational attainment of teen mothers, and trends in these measures over the past 5 to 10 years. Next, it is important to get more qualitative data from community residents, including teens, about their perceptions and attitudes regarding teen pregnancy, reasons for pregnancy, the benefits and disadvantages of teen pregnancy, and what are the desired results. These quantitative and qualitative data provide a baseline and understanding for decisions concerning more sensitive measures and the strategies needed to change them.

The process by which this shared community vision is articulated and the results and indicators selected is critical. It can be an important vehicle for creating buy-in and for staying skepticism among stakeholders, especially among members such as Councilman Friendly and Sheila Shine. An important product of this process is a clearly defined set of results and benchmarks by which to measure progress toward achieving results and a localized set of data relative to those benchmarks.

2) A mechanism for planning and management

Decisions made about the community's vision for the FRC and about results and benchmarks and the baseline data describing current and recent conditions for children and families set the stage for the planning decisions that must link strategies to objectives and objectives to benchmarks.

---

[36] A useful reference to inform the process of selecting community level indicators for child well-being is Coulton, C.J. (1995). Using community-level indicators of children's well-being in comprehensive community initiatives. In J.P. Connell, A.C. Kubisch, L.B. Schorr, and C.H. Weiss (Eds.), *New approaches to evaluating community initiatives* (p. 180). Washington, DC: The Aspen Institute. Examples of outcome indicators are provided with measures and data sources.

The objectives for the Robinswood FRC are not clearly stated. Ideally, the objectives would reflect an assessment of the individual, family, community, and system risk factors for bad outcomes for each of the benchmarks selected. For example, if one of the benchmarks selected is healthy birth weight and there is a high rate of low-birth-weight babies born in Robinswood, an assessment of why this is so would include a review of the literature on risk factors for low birth weight and of their relevancy to Robinswood. These factors could be physical (related to the family or to the community), cultural, economic, or related to the health and social systems that support children and families. The assessment will probably reveal risk in many or all of these domains.

Assessment of the risk and of protective factors provides information that allows for the development of reasonable objectives. For example, an objective could be to lower, over a given period, the proportion of babies born at low birth weight. Once the objective is set, a close examination of the risk and protective factors permits a selection of strategies directed at mitigating specific risk factors or enhancing specific protective factors. These strategies can be targeted at children and families who have greater risk and less protection. The process of examining risk and protection, writing objectives that have meaning, and selecting strategies can be tedious.

Community residents and FRC staff should participate in this assessment process. Such participation will help ensure more community-sensitive and specific strategies and more investment in the self-evaluation by the participants. However, skilled professional staff should guide such assessments, strategy selection, and target population identification so that an evaluation of impact is possible. An evaluator, by participating in this strategic planning process, can ensure the integrity of the assessment process, strategy selection, and target population definition. The evaluator can also learn more about the audiences that may use the evaluative data and about how the data may be best presented in order to inform the ongoing strategic planning process. Planning should result in implementation of strategies in such a way that evaluative data concerning whether the intended target population is being reached will be available; and whether the intended FRC model of service is being delivered (process evaluation).

Impact and outcome evaluations measure whether FRC strategies make a difference by mitigating risk factors or by changing the indicators and, ultimately, the results for children and families in the community. It is difficult to show a direct relationship between services provided and changes in indicators and results. However, careful documentation of the nature and intensity of services and information system support makes possible the collection of good individual and family data that can be aggregated and related to risk factors and to benchmarks.

The planning process defines the program strategies and the strategies needed for a more effective delivery system. Both will affect movement toward the benchmarks and results and must be part of a self-evaluation approach. Together, they define the business of the initiative. Information and data are essential to the foundation of that business. Technology permits the integration of the information requirements for the business functions (communication, service delivery, management, evaluation) in a system that facilitates the performance of each function and also allows those performing these functions to use each other's information (with

appropriate agreements and security). Therefore, information system development begins in the planning stage with a special process of defining all the business functions by those who will perform them.

3) Information systems support

The information and data collection system must support service delivery (e.g., information and referral, intake and eligibility, and case management), management (e.g., scheduling, staffing, billing, and reporting), and evaluation (e.g., process and impact). It should be planned jointly by those front-line staff who will work with the target population and those who will manage the FRC and the evaluation. They should come up with a detailed plan of the business of the FRC and of the information and data needed to accomplish the service strategy objectives, the management of the FRC, and the evaluation.[37]

The information needed to streamline the intake and service application functions across programs and agencies in Old Grove could be obtained as part of the facilitated information strategic planning and FRC business analysis. Once the information requirements are defined, existing software can be purchased or new software designed. From an evaluation perspective, it is important to have software that allows consistent coding of the risk and protective factors of individuals and families that is performed by staff in order to determine the service plan (part of the case management function) with coding the risk and protective factors to be addressed by the strategies and to be evaluated.[38]

Ultimately, most individual and family data would be located at the site where they are used for service delivery. For example, school data would be located at the school, health data at the health department, and so on. There would be common identifying data — name, birth date, social security number, address, and the like — stored in a central registry. When a person comes to a participating agency to apply for a service, if security permits and with the person's permission, the staff could query the registry to see if the person is known to the system.

The political and policy groundwork required before information can be shared can be laid early on. The biggest barriers to information sharing among agencies, whether for service delivery or for evaluation, are political, policy, and program/administrative rules and regulations. Many of these barriers can be addressed during the vision, outcome, and indicator stage of infrastructure development, when the opportunities for establishing relationships and building trust are substantial. Then, as the details of implementation planning reveal more clearly the need to share information, the support needed to procure the necessary memoranda of agreements is there.

---

[37] This process has been used in Georgia's Initiative for Children and Families with communities that are planning information systems support for family-centered, comprehensive community service strategies.

[38] Georgia staff are using an off-the-shelf product for family center support called FACTORS. It is a product of Peter Martin Associates in Chicago.

Agreements define what information can be shared and who has access to it. Security is also a technical issue and should be a major consideration in the selection of off-the-shelf software or in the design of new software.

Information that by law is confidential accounts for a small portion of the information needed to facilitate service delivery. Most information is subject to administrative rules and regulations and can be shared given policy direction and formal agreements.[39]

III. Organizing and Managing the Evaluation

The goal when organizing and managing a self-evaluation is to generate sound and timely evaluative data for use in an ongoing decision-making process that links results to resource allocations. It is important for a self-evaluation to be owned and used by those sponsoring the initiative. The sponsors ensure that the resources needed for the evaluation and for reporting findings regularly are available. They also ensure that staff have the capacity to use the results.

Self-evaluation's importance to the process of linking governance authority and decisions regarding service strategies cannot be overstated. Therefore, the governing body and sponsor (e.g., the EMT) must give one person the authority to manage and organize the self-evaluation. In Old Grove, the EMT could delegate this authority to the executive director. This does not mean that this one person conducts the evaluation. Rather, he/she sees that the evaluation gets done and that it is regularly integrated with planning and management by paying attention to the purpose, audiences, and tasks of the evaluation and making sure that the findings are reported and used to inform policy, program, and budget decisions. This person views the data provided, regardless of how imperfect, as a platform for discussion that enhances understanding of the initiative and of the quality of decision making. He/she must see evaluation as integral to accomplishing the vision of the initiative and not simply as a mandated function. Evaluation is thus viewed not as competing for resources but as a mechanism enhancing program efficiency, effectiveness, and resource allocation.

An early step in organizing the evaluation is the creation of a steering group. The steering group works with and provides support to the coordinator of the evaluation and to the evaluator, who is a member of the group. It can help define the purposes and audiences for the evaluation, based on the developmental stage of the initiative;[40] be a sounding board in the development of the evaluation design; communicate the intent and periodic findings of the evaluation; be responsible for guiding the evaluation so that it enhances the initiative; and champion the evaluation and provide direct support to the evaluation's sponsor. The makeup of the steering group will vary,

---

[39] Soler, M. I., & Peters, C..M. (1993). Who should know what? Confidentiality and information sharing in service integration. *National Center for Service Integration: Resource Brief 3.* Falls Church, VA, is an excellent resource that provides basic information, a checklist, and additional resources on the subject.

[40] Jacobs, F. H. (1988). The five-tiered approach to evaluation: Context and implementation. In H. B. Weiss and F. H. Jacobs (Eds.), *Evaluating family programs.* New York: Aldine De Gruyter; Patton, M. Q. (1994). Development evaluation. *Evaluation Practice, 15* (3), 311-319.

depending on the local governance structure, stakeholders, and climate. It should include representatives from partner agencies that have access to benchmark data (e.g., public health agencies). In Old Grove, the steering group would be advisory and would make recommendations to the EMT for final design and budget approval. It would inform and be informed by the CAB and other stakeholders in Old Grove, including the governor.

It is important that the members of the steering group be able to work well together and be guided by a genuine desire for sound data that can support decision making. Special interests should be put aside and a commitment to sound evaluation should prevail. The steering group can have significant influence on decisions affecting the initiative's direction, so members must be chosen carefully.

In Old Grove, steering group membership might include Mabel Doolittle (chairperson of Elders for a Better Community); a designee having a special interest in evaluation, Cecil Moondabber (T4T); Sheila Shine (Social Services, The Gatherers); or an evaluator from Social Services; or someone from the departments of health and mental health; and a parent who is on the Robinswood CAB. The evaluator, who may be from a local college, would also be included. The evaluator's role within the steering group is to ensure technically sound decisions regarding design, data collection, and methodology. The evaluator also helps the group develop a self-evaluation capacity in order to use findings to accomplish the purposes for which they were intended. The evaluator must have strong technical, pedagogical, political, and interpersonal skills. The evaluator's role is complex, especially in comprehensive community initiatives, like the one in Old Grove, for which the audiences vary, as do the purposes and intended products of the initiatives.

The evaluator is accountable, ultimately, to the sponsors of the evaluation who allocate the resources; in the case of Old Grove and Robinswood, this is the EMT. The evaluator is responsible for making decisions that require technical expertise, such as choosing the evaluation design and methodology, and for analyzing and reporting the findings. The research questions derive from the initiative's stakeholders. Based on experience and a knowledge of the relevant literature, the evaluator may modify the questions. However, any modifications would be designed to enhance the evaluation and would be approved by the steering group. Local ownership of the research questions is critical to the support of data collection and to discussion, interpretation, and use of the findings.

In many communities beginning comprehensive initiatives, as Old Grove is, it is difficult to find a local evaluator who has the appropriate experience. It may be wise to employ a more distant but more experienced evaluator who is willing to collaborate with the implementors, sponsors, and local evaluator in a self-evaluation approach. Part of the role of the external evaluator, then, becomes developing the local community's capacity to carry on self-evaluation. A local evaluator will usually be less costly than an external evaluator; if one is not available from the outset, the external evaluator may groom one. On the other hand, the community may view an "outside-of-the-community" evaluator as being more credible.

The evaluation manager, as part of his or her responsibility for developing and managing the capacity to sustain self-evaluation practice, ensures that data are reported back to the appropriate staff and stakeholders on a regular basis. Developing self-evaluative capacity also includes developing staff ability to develop questions that advance the initiative over time, to write up and communicate findings regularly, and to analyze findings in order to use them for decision making. This capacity also involves having the information systems support (hardware, software) needed for good data collection and manipulation and providing ongoing training in areas of incapacity. The ultimate goal is to generate evaluative data that is current and that is used in an ongoing policy, program, and budget decision-making process.

Staffing and budget issues are an integral part of managing a self-evaluation. If self-evaluation is understood as an approach that integrates evaluation wholly into an ongoing strategic planning process, staffing will be viewed in a comprehensive manner. In the Old Grove case study, there are two levels of self-evaluation to consider: the city of Old Grove as a whole and the community of Robinswood. There would be at least one person at the city level, who has staff support, and who is responsible for organizing and managing the self-evaluation for the city. This should be a full-time position supported by the initiative's operating budget or through in-kind support. As stated earlier, in the case of Old Grove, this person could be the EMT executive director. He/she would direct and coordinate the self-evaluation at the Old Grove city level and probably also for Robinswood at the outset. Eventually, the executive directors of the CABs for each of the FRC communities in the city should assume responsibility for organizing and managing the neighborhood self-evaluation.

In the case of Robinswood, another person should assist the EMT-designated person managing the evaluation. This person would function on a part-time basis organizing, managing, and integrating the self-evaluation for the FRC. He/she would be responsible for such things as ensuring that staff members participate in the collection of relevant data that are not in the information system and that they receive findings and have time to discuss the implications for their practice. The director of the Robinswood FRC could handle this job because there is an assistant director who could manage the FRC's operations. This position would be part of the FRC's operating budget.

There should also be a steering group for the Robinswood community. This could be the CAB or one of its subgroups. At the outset, it might be helpful to have the person coordinating the overall evaluation for Old Grove as a member of the steering group. This would allow for maximum coordination between Old Grove city and the Robinswood community.

The evaluation of the FRC would require an experienced evaluator to be part of the steering group. One evaluator could be responsible for both the Old Grove city and the Robinswood FRC evaluations and serve on both steering groups. The evaluator would develop a staffing plan and the budget required to accomplish the work of the phases of the evaluation plan described below.

The budget should be sufficient to finance the evaluation using the self-evaluation approach. The person managing the evaluation could be supported jointly by the major partner organizations in the initiative. The bulk of the budget would be allocated to the design, execution, and utilization of the evaluation and would pay the evaluator and the support he or she

needs to establish the database and longitudinal analyses capability, collect and analyze the data, write reports, and assist in the training and guided experiences needed to build self-evaluation capacity. Steering group meetings could be hosted and minimal costs for refreshments and materials covered on a rotating basis by the members of the group.

IV. The Evaluation Plan

Evaluation is distinct from yet integrated with strategic planning. As part of a system, an evaluation illuminates each other part and provides information on how they are working to achieve desired results.

The evaluation plan described below[41] uses a self-evaluation approach in which the evaluator works with the evaluation manager and the steering group to define the constituencies for the evaluation, the evaluation's purposes, the questions the evaluation is intended to answer, and the design and evaluation process that will address them. The evaluation steering group assists in ensuring that the evaluation is implemented by facilitating data collection and interpretation and use of the findings.

The evaluation manager plays a crucial role throughout the evaluation process by making sure that the process progresses as planned, by calling meetings of the steering group at strategic points to review and discuss the evaluation work and findings, and by keeping the EMT, the CAB, the FRC staff, and other stakeholders informed. It is the evaluation manager's job to ensure that evaluation results are brought to these groups for strategic decision making.

A skillful evaluation manager can begin to influence the thinking and behavior of partner agencies and groups by carefully planning experiences and meetings so that participant staff, managers, policymakers, and stakeholders can begin to examine and understand the current reality, their roles in it, and how each can do his or her part to influence the future for children and families in Old Grove. It is also possible to include residents and recipients of service in Robinswood in such learning experiences. Such synergy requires a common vision and the skill to know how to work together to reach that vision over time.[42]

The proposed plan would proceed in three phases covering a period of approximately two years, by which time the capacity for having process, impact, and outcome data would be in place. Also in place would be the ability to use the evaluative data in order to understand the need for management or staff training and to decide which implementation strategies to continue, stop, or change.

---

[41] This evaluation plan, adapted to the case study, was developed by Metis Associates, New York City, for use in evaluating a family resource center in Georgia.

[42] Senge, P. M. (1990). The core disciplines: Building the learning organization — Team learning. In P.M. Senge, *The fifth discipline: The art and practice of the learning organization.* New York, NY: Doubleday.

The evaluation plan for each of the phases follows. Some considerations regarding staffing apply to all three phases of the evaluation plan; there are discussed in Section IV. For practical reasons, the phases are described as independent steps. In fact, they will repeat themselves and overlap over time. For example, Phase One may repeat during Phase Two or Three. However, it is important to define a set of current questions during Phase One as well as to organize carefully the teaching and experiences regarding capacity development for self-evaluation during each phase. These activities must be sufficiently distinct so that even as the questions are redefined and new ones arise during phases Two and Three, the current questions are not lost and the experiences are not muddied.

Phase One

Phase One is a study of the city and community policy and context that led to beginning the initiative and to the selection of the FRC service model. It would include a study of the development and implementation status of the FRC model in Robinswood. Phase One's products include reports of the policy/context and implementation studies of Old Grove and the Robinswood community, the questions the stakeholders would like the evaluation to answer, and a design for the remaining evaluation phases. State- and county-level data sources that could be used for continuous tracing would also be identified. This phase would take two to three months. Training would begin during this phase to initiate transfer of self-evaluation capacity to the Old Grove and Robinswood staffs. Training would include direct instruction as well as on-the-job experience as the self-evaluation unfolds.

Defining the evaluation research questions: The proposed first phase of the evaluation involves understanding the context in which the Robinswood FRC was conceived, developed, and initially implemented. The policy/context and implementation studies will provide the information needed to define the evaluation questions for the FRC. The evaluator will then design the evaluation to answer those questions and review the design with the steering group.

In this phase of the evaluation, key informants' expectations regarding FRC outcomes for children, families, the Robinswood community, and the city of Old Grove are identified, as are the way agencies do business and their impact on child welfare operations and child/family systems. Interviews will identify the questions key informants think the evaluation should address; the kind of information that would be most useful to participating agencies, policymakers, program managers, and stakeholders; and when the information is needed for making decisions. In the case of the Robinswood FRC, evaluation questions might include:

1) *Community-wide well-being:* What impact does the FRC have on the development, educational achievement, and social, physical, and mental health of the children it serves and on the self-advocacy ability and economic self-sufficiency of their families?

2) *Service penetration:* What proportion of its targeted population does the FRC reach and serve? To what extent are they active participants? What other strategies would extend participation?

3) *System responsiveness:* To what extent have the service systems changed? Are services perceived by residents as more accessible than previously? Are services perceived as less fragmented and less duplicated? To what extent is the FRC service delivery model being implemented as designed?

4) *Community embeddedness:* To what extent is the FRC, as a place and a service strategy, accepted by community residents?

5) *Family growth and engagement:* What is the FRC's impact on family functioning and growth?

Methods and data to be collected: Data for the evaluation would be quantitative and qualitative and derived from a variety of sources. These would include document reviews; individual and focused group interviews of key stakeholders and community residents; systematic field observations; surveys of staff participants and community members; attitude and knowledge assessments; and the collection and analysis of a wide range of extant data maintained by city, county, and state agencies (e.g., public schools; health and mental health agencies; family and children services; law enforcement; and labor departments). Phase One of the evaluation plan would focus primarily on qualitative data collection. The policy/context study would focus on the FRC's sociopolitical and historical context. To conduct the study, the evaluator, with necessary support, would review related documents and develop specific interview protocols for key stakeholders identified earlier. The findings would be part of a Phase One report. The evaluation manager and the evaluator would develop a mechanism for engaging the steering group in discussions of the findings of the Phase One studies. These discussions would identify any implications for action and to whom and in what form the reports should be further disseminated.

The implementation study, conducted simultaneously, would yield information on specific strategies and service delivery models involved in implementing the FRC's various components in Robinswood. To conduct this study, the evaluator, with appropriate support, would review related documents and develop specific interview protocols for service providers, participants, and Robinswood residents with whom the FRC was planned as well as for additional key stakeholders identified by the steering group.

Information and reporting: Phase One should identify when and how evaluators must report to Old Grove policymakers (including the city council and the EMT), to private funders (the Bar None Endowment and the Patriot Games Foundation), and to public funders (such as the state government partners). Phase One would produce a policy/context study of Old Grove and Robinswood, an implementation study describing the FRC's history and implementation status, a Phase One report combining the policy/context and implementation studies with an executive summary, and a detailed evaluation work plan that includes the evaluation questions and a design for phases Two and Three. This work plan would specify the short-term and intermediate impact and long-range outcomes to be measured and data collection and analysis strategies. A plan for ongoing, locally staffed, self-evaluation would be included. The evaluator would collaborate with the steering group to finalize it.

During Phase One, the evaluator would provide periodic feedback to the steering group. The evaluation manager and the evaluator, with the steering group, would guide the use of the evaluative data to fine tune the FRC's implementation on an ongoing basis.

Phase Two

Phase Two begins the process and impact evaluation of the Robinswood FRC and establishes the baseline quantitative and qualitative data for subsequent longitudinal evaluations. The evaluators establish trend data, historical and projections, for some or all indicators of impact. The length of this phase depends on the amount of data needed and the amount of time available. Building the capacity for self-evaluation continues in this phase as staff participate in review and discussion of the findings and learn to use the them to refine their work. This process of informing and refining is ongoing. However, periodic formal reports will be made to the EMT, the CAB, and the FRC staff when they need them for strategic planning, resource allocation and budget decisions, legislative hearings, and the like.

Methods and data to be collected: Phase Two includes process and impact studies. A picture of the Robinswood community and of Old Grove as a whole would be developed; evaluators would focus on the demography of the residents and the condition of the city's communities in relation to the results and benchmarks selected. This picture provides the baseline against which to measure progress over time.

The case study provides the demographic picture of the Robinswood community. This picture would need to be compared to a demographic picture of Old Grove as a whole. It would be useful to have similar data for the four other communities that anticipate having FRCs. These communities can be used for comparison and possibly as quasi-controls when evaluating the results of the Robinswood FRC.

Additional data, numbers, and rates, should provide a baseline and describe the current condition of the Robinswood community for each of the benchmarks. Early review and inspection of the baseline data would inform the development of appropriate evaluation instrument items and provide notice of any omissions or errors in the database.

Can the services provided through the FRC be expected to change the baseline, and is it possible to tell if the benchmarks change as a result of the FRC strategies? This is not an experimental research design. It is possible to describe a set of benchmarks for which address mapping is available for a geographic area such as Robinswood. It is also possible to describe the individuals and families who live in the area, the quantity and nature of services they receive through the FRC, and the risk and protective factors they are intended to affect. Assuming that the risk and protective factors are related to the benchmarks for which there are geocoded measures, it is possible to aggregate the results of the strategies for those living in Robinswood and served at the FRC and to suggest a relationship between the FRC and the affected population.

The process studies would focus on service integration and collaboration among the FRC partners and stakeholders. They would address such questions as: To what extent is the FRC service delivery model being implemented as designed? What are the obstacles? To what extent is the target population of families living in poverty that have children aged 11 and under being served? The outcome studies, which would be conducted concurrently with the process studies, would focus on the collection and analysis of the short-term and intermediate impact and long-range outcome data specified in the evaluation plan.

Information and reporting: Information from the interviews, observations, and focus groups would be analyzed and summarized into a Process Study Report to be presented to the steering group and incorporated into a Phase Two report. Likewise, results would be summarized into an Outcome Study Report and incorporated into the Phase Two report for discussion with the steering group.

Phase Three

Phase Three continues the process and impact evaluation begun in Phase Two and begins longitudinal analyses. The evaluator will continue working collaboratively with the steering group and stakeholders in this phase and additional training will be conducted to build future self-evaluation capacity in Old Grove and Robinswood.

Methods and data to be collected: The methods of Phase Three and the data collected for it are similar to those of Phase Two. Adjustments would be made as needed based on the experience in Phase Two. In this phase, particular attention is paid to developing longitudinal database files for use over time.

Information and reporting: Evaluators would produce process and outcome study reports similar to those produced in Phase Two. The Phase Two and Phase Three reports should provide sufficient contextual information to give meaning to the evaluation as a whole, thus providing a firm foundation for conclusions and recommendations.

Communicating the process, impact, and outcome findings from all three phases requires great care. The steering group, the evaluation manager, and the evaluator must work deliberately to inform stakeholders, the EMT, and the CAB regularly in a way that respects their questions and concerns and that engages them in ongoing dialogue about the initiative. The FRC's director and staff must be informed regularly, engaged in dialogue about the meaning of the results, and, if needed, assisted in using the information to modify the FRC's policies and programs. The evaluation manager is the primary guide who ensures that the evaluation stays on track and that reports and findings are available when needed for program planning and policy decision making. The evaluator's role is to see that the data are analyzed and reported such that they can be used to facilitate discussion and decision making. The evaluator and the evaluation manager work together to define a process for thoughtful review and discussion by the steering group, the EMT, the CAB, and program managers and staff.

The value of having three phases is to break up the work. This facilitates establishing the baseline data, understanding the within-year findings, and arranging training.

	Phase One
Step 1: Defining the evaluation/ research questions	This phase involves understanding the context in which the Robinswood FRC was conceived, developed, and initially implemented. The policy/context and implementation studies will provide the information needed to define the evaluation questions for the FRC. The evaluator will then design the evaluation to answer those questions and review the design with the steering group.[43]
Step 2: Methods and data to be collected	Data for the evaluation will be both quantitative and qualitative but primarily qualitative in Phase One. Data will be derived from a variety of sources, including document reviews, individual and focused group interviews of key stakeholders and community residents, systematic field observations, surveys of staff participants and community members, attitude and knowledge assessments, and the collection and analysis of a wide range of extant data maintained by city, county, and state agencies.
Step 3: Information and reporting	Phase One would produce a policy/context study of Old Grove and Robinswood, an implementation study describing the FRC's history and implementation status, a Phase One report combining the two studies with an executive summary, and a detailed evaluation work plan that includes the evaluation questions and a design for phases Two and Three. This detailed plan would specify the short-term and intermediate impact and long-range outcomes to be measured as well as data collection and analysis strategies. A plan for ongoing, locally staffed self-evaluation would be included in the work plan. The evaluator would collaborate with the steering group to finalize this plan.

[43] A useful reference for developing questions that measure service impact is Bruner, C. (1994). A framework for measuring the potential of comprehensive service strategies. In National Center for Service Integration, *Resource brief 7* (p.37). Falls Church, VA: Author. Bruner's framework suggests that questions may be organized around service penetration; family engagement; family growth; community embeddedness; system responsiveness; and community-wide well-being.

	Phase Two
Step 1: Methods and data to be collected	Phase Two would include process and impact studies. A picture of Robinswood and of Old Grove as a whole would be developed. The demography of the residents and the condition of the communities in relation to the results and benchmarks selected. This picture provides the baseline against which to measure progress over time. If the evaluator was involved in planning, building the infrastructure, and analyzing the risk factors for each of the indicators or benchmarks, a baseline may have already been constructed and would only need updating.[44]
Step 2: Information and reporting	Information from the interviews, observations, and focus groups would be analyzed and summarized into a Process Study Report to be presented to the steering group and incorporated into a Phase Two report. Likewise, results would be summarized into an Outcome Study Report and incorporated into the Phase Two report for discussion with the steering group.[45]

[44] Additional data, numbers, and rates should provide a baseline and describe the current condition of the Robinswood community for each of the benchmarks (e.g., infant mortality, low birth weight, immunization status, teen pregnancy, and high school completion) related to the intended results or outcomes (e.g., improved child development and educational achievement). This quantitative picture should be compared to a picture with the same data for Old Grove and for the neighboring communities considering an FRC. Early review and inspection of the baseline data would inform the development of appropriate evaluation instrument items and provide notice of any omissions or errors in the database.

[45] The following are examples of the kind of information that might be reported: (1) an understanding of the recipients' value of the service and changes that would be helpful; (2) an understanding that co-location of services is not an end but a means; (3) an understanding that when site-based agency staff are left out of the communication loop between policy level folks and those managing the FRC, service is disjointed and fragmented; (4) how sincere people are about empowering front-line staff and recipients; and (5) progress of families and children toward their goals that is related to the benchmarks. This sounds very formal and traditional; however, there would be regular dialogue with the steering group to keep members informed about progress and to discuss data collection issues and other issues that might arise during this phase.

	Phase Three
Step 1: Methods and data to be collected	Phase Three's methods and data are similar to those of Phase Two. Adjustments are made as needed based on the experience in Phase Two. In this phase, particular attention is paid to developing longitudinal database files for use over time. Phase Three provides the opportunity to replicate within-year evaluation in order to build self-evaluation capacity as well as to enhance the evaluation with longitudinal results.
Step 2: Information and reporting	Process and outcome study reports similar to Phase Two's would be produced. The Phase Two and Phase Three reports would be developed to give contextual information sufficient to give meaning to the evaluation as a whole, thus providing a firm foundation for conclusions and recommendations.

IV. Timelines, Staffing, and Budget

Given the presence of one evaluator and three professional support staff, Phase One would take approximately two to three months. Phase Two would take the remainder of the year and require professional support staff working with the evaluator. Phase Three would take a year for data collection, synthesis, and analysis and for the setup of an annual data collection, synthesis, and analysis schedule that would be integrated with the planning and management schedules and functions. Phase Three would include training of local staff to do self-evaluation.

Staffing for Phase Three would include the evaluator and professional support staff. The exact number of staff will vary. In a self-evaluation approach, it is important to consider what local professional staff will be involved. Requiring local professional staff to participate from the outset begins to build early on the evaluation expertise needed to support a self-evaluation approach.

The inclusion of partner agency staff members in an evaluation steering committee will mean that they attend the meetings held to establish the evaluation, assist in its design, facilitate its execution, and help to plan the use of and to use the findings appropriately. It may be necessary to train some staff members in the use of information. However, the payoffs can be considerable both to an agency and to the initiative. Once staff members begin to understand what it takes to improve results as well as their part in the current reality, they begin to look for how they can influence the future.

The budget for the evaluation would finance the work of the evaluator and evaluation/research support staff; development of data collection instruments, such as interview protocols and surveys; data collection and analysis; writing of reports; training regarding self-evaluation; and activities related to use of the data, such as meetings and oral reports. The budget is based on the experience of working with an out-of-state evaluator in the community described in the Preface. Agreement at the outset on a fixed price and a set of deliverables is desirable.

The budget outlined below is general and based on several assumptions:

1) The local evaluation manager's salary and benefits are supported elsewhere, possibly by grant funds, the city budget, or joint support from partnering agencies.

2) Time and materials for steering group operations are supported by the budgets of the members of the group.

3) Data retrieval is facilitated by the evaluation manager and steering group members.

Deliverables: Year One	Phase One deliverables: These are policy/context and implementation studies, evaluation plan, training plan for local capacity development in self-evaluation. Phase Two deliverables: (The extent of the work of Phase Two that can be accomplished in Year One depends on when Phase One is completed and Phase Two begins). Minimally, the deliverables include tools for data collection, baseline for data to be collected, initial written and oral reports of progress, and the beginning self-evaluation training/plan.
Budget: Year One $100,000 Personnel (Labor including fringe benefits: $70,000)	Senior Evaluator Research Associates and Assistants Clerical Staff Local Evaluator (can participate with the team of evaluators replacing or adding to the staff the senior evaluator identifies. This may be the senior evaluator if he or she is experienced in self-evaluation practice.)
Operating costs $25,000	Travel, telephone, copy/printing of instruments (e.g. surveys, interviews) and reports, postage, meetings (e.g. information system planning, evaluation staff), stipends and travel for Robinswood residents who participate in the evaluation (e.g. focus groups), scoring of surveys, coding, and training materials.
Miscellaneous $5,000	

V. Challenges and Benefits of Self-Evaluation

Challenges

One of the greatest challenges involved in self-evaluation is making sure that policymakers and program managers and staff know what self-evaluation is and know how valuable it can be in terms of providing data that can guide and inform ongoing strategic planning. Other challenges include:

• *Getting front-line staff to invest in the value of data collection.* Involving front-line staff in the definition of the evaluation questions and of the kind of information needed to answer the questions can reduce this challenge. Data collection can seem less burdensome if staff are involved early in negotiations about what data are to be collected and by whom. When they later get information that can help them to define more clearly the population to be served, to identify sources of fragmented services, and to develop and more sensitive and effective strategies, the investment seems worthwhile.

• *Financing the evaluation.* The evaluation budget in the case study is generous compared to those of many communities attempting to evaluate comprehensive initiatives. The move to have state and county governments and comprehensive community initiatives form partnerships and be accountable for results for children and families holds promise. These partnerships would explore financing strategies that support integrated planning, management, and evaluation using a self-evaluation approach.

• *The continuous nature of the approach.* This is also a benefit of self-evaluation. In more traditional evaluations, data are collected periodically and business resumes its normal pace, if it is disrupted at all. In self-evaluation, the intent is to have evaluative data available for policy, program, and budget decisions. Therefore, data must be timely and of good quality. Ultimately, for self-evaluation practice to become part of an organization, it must become part of the culture — a very large challenge for most organizations.

• *Lack of adequate information systems support.* Lack of funds and lack of understanding about the value of information systems for all aspects of planning, management, reporting, and evaluation lead to less than adequate support.

• *Basic capacity challenges.* These include lack of staff ability to use evaluative data in decision making, to communicate evaluation findings, and to develop evaluation questions.

Benefits

One of the greatest benefits of self-evaluation is having community-owned evaluative data available for strategic use in ongoing decision-making processes regarding policy, program, and budgets. Other benefits include:

• *Ownership of the process and the results by users at all levels.* Self-evaluation can be used as a community-building tool when successes revealed by the evaluation are celebrated.

• *Improved management and regular "course corrections" of strategies based on informed decision making*

• *Local accountability, which encourages local program investment*

• *Evaluators seen as part of the team and as extensions of internal resources.*

Above all, self-evaluation offers the essential elements — sensitivity, credibility, rigor, and utility — often lacking in traditional, external, after-the-fact evaluations.

APPENDIX E

Evaluating a Family Resource Center Using an Experimental /Quasi-Experimental Approach

Sally K. Ward, Kathleen McCartney, and Cynthia M. Duncan

Introduction

The prevalence and persistence of poverty in the United States have inspired many models of social intervention. One of the most recent and promising models is the integration of services for children and families at risk.[46] Typically, comprehensive, collaborative services are delivered through FRCs.[47] Although these centers are quite diverse, one of the typical components is the provision of direct and indirect services to parents and children, usually with an emphasis on coordination and integration of different services. The diversity of approaches and the complexity of the activities at each FRC present challenges to their evaluation. The need for evaluation is clear, however.

The hypothetical Robinswood FRC illustrates the complexity of this type of social intervention and the problems associated with designing and carrying out a useful evaluation. The following is an evaluation of the Robinswood FRC using a combination of experimental/quasi-experimental designs. This methodology has great validity for making causal inferences about the effectiveness of the program. Evidence of intended outcomes can be used to attract the targeted population and to secure funding. The evaluation is constrained in important ways by the available resources. While both the program and its constituencies are multifaceted and diverse, the resources available for the research are limited to $100,000 per year. In addition, the political context calls for some concrete findings within 18 months. These two limitations have implications for the design of the evaluation.

In order to involve important stakeholders in the research effort and to communicate with relevant community groups, the research team will develop ties with the CAB of the Robinswood FRC (and other FRCs as they open and are included in the evaluation study). The

---

[46] Schorr, L. (1988). *Within our reach: Breaking the cycle of disadvantage.* New York, NY: Anchor; General Accounting Office. (1992). *Integrating human services.* Washington, DC: Author; Knapp, M. (1995). How shall we study comprehensive, collaborative services for children and families? *Educational Researcher, 24*(4), 5-16.

[47] Kagan, S.L., Powell, D.R., Weissbourd, B., & Zigler, E.F. (Eds.). (1987). *America's Family Support Programs.* New Haven, CT: Yale University Press; Weiss, H. (1989). State family supported education programs: Lessons from practice. *American Journal of Orthopsychiatry, 59* (1), 32-48; Weissbourd, B., & Kagan, S. (1989). Family support programs: Catalysts for change. *American Journal of Orthopsychiatry, 59* (1), 20-31.

research team will meet with the CAB every other month to provide an avenue for input into the research effort and for communication with the community about research progress.

The evaluation is intended to provide evidence about the effectiveness and efficiency of the planned service delivery model, to demonstrate the effects of participation in FRC services on the families enrolled, and to examine the long-term outcomes for the community as a whole.

Goals of the FRC and Research Questions

The FRC has important short- and long-term goals. The short-term goal is to provide more coordinated, integrated, effective services to eligible families through a comprehensive center using case management and family advocacy. The long-term goal is to improve outcomes for families and children living in poverty; the relevant outcomes include improved child development, education, and social, physical, and mental health. An even longer-term goal is to improve the quality of life in the community as a whole. The evaluation will address both short- and long-term goals by focusing on three sets of questions at three levels:[48]

1) At the institutional level, does the FRC deliver services in a more integrated and efficient way? How effective are staff training and development efforts that aim to improve coordination? This is the immediate, short-term goal of the FRC: to improve the delivery of services. It is expected that the evaluation results will provide insight regarding how to improve the service delivery model further.

2) At the individual child and family level, does a family's connection with the FRC improve the development of the children and all members' educational achievement and social, physical, and mental health? Does the FRC connection improve access to the services needed by the child and family? Improving conditions for families and children is an important longer-term goal of the FRC.

3) At the community level, have family conditions improved throughout Old Grove? Does the FRC "improve the community by building on family strengths" through the provision of services to families at risk? The FRC model presumes that, ultimately, the condition of the whole community will improve, since the situation for community families will improve. This is, then, an important long-term goal of the FRC.

Chart 1 provides a diagram of the links between the short- and long-term goals and the research questions. We explicitly spell out the conceptual model underlying the FRC by specifying the immediate goal of delivering services using a comprehensive, coordinated approach. The conceptual model implies that this approach will improve the quality of the care received by

---

[48] For further discussion of relevant levels for planning and evaluation, see Young, N., Gardner, S., & Coley, S. (1994). Getting to outcomes in integrated service delivery models. In N. Young et al. (Eds.), *Making a difference: Moving to outcome-based accountability for comprehensive service reform* (pp. 7-12). Falls Church, VA: National Center for Service Integration.

families and children, and the improved care will, in turn, lead to healthier families and children. In the long term, the community as a whole is expected to benefit. Each of these levels requires a different methodology for evaluation. Given the time and budget constraints, a large share of the evaluation resources will be directed to questions one and two. It is more likely that results can be observed within 18 months for these questions than for the long-term outcome on the quality of the community as a whole.

Design

The proposed evaluation addresses three separate questions using three distinct methodologies. We anticipate that the initial evaluation results will contribute to the development of the service delivery model; the design of the evaluation for the first research question is an example of the utility of formative evaluation. Outcome (i.e., impact) assessment is the goal of the evaluation of the second two research questions. Since more FRCs will be phased in over time, the outcome evaluation incorporates their phasing in as an important aspect of the design.

Research Question One

To answer the first set of research questions, which focus on service delivery and staff training and development, we will use a quasi-experimental design in which the staff of the center serves as its own control group in a simple pre- and post-test only design. We believe that it is important to use the limited evaluation resources to provide information on the implementation of the FRC's programs and service delivery rather than to develop some comparable external control group. There will be two post-tests, one at 9 months and one at 18 months, paralleling the observation times for the family and child data collection (see below). If the evaluation is to extend beyond the initial 18-month period, additional observations would be made at Year Three and at Year Five. Two types of data will be collected at each of the observation times. First, we will use a self-administered questionnaire to collect information on staff training and development efforts. The emphasis will be on descriptions of what types of training and education the staff is receiving, how many courses they have taken and in what areas, how much time they have spent on development, what their level of satisfaction has been with the training efforts, and what is their assessment of gaps in training. Specific questions will ask about training in three areas: child development, communication, and the coordination of activities between family advocates and FRC staff. Feedback will be provided to the staff as part of the focus groups planned for looking at the goal of coordination, discussed below.

The second type of data will focus on the FRC goal of coordination — that is, the goal "to improve access to services and to end the fragmentation, isolation, and duplication of services." To collect data on this goal, we will conduct a series of focus groups with FRC and out-posted staff and with families receiving services. The focus groups will be conducted at the same three observation times, although an additional set of questions will be included at the two post-test times. The staff will be asked to discuss their perceptions about coordination, service delivery,

suggestions for changes, problems and opportunities, and whether the center concept is "working" — that is, how their experiences at the FRC compare to their experiences prior to its creation. The parents will be asked to compare their experiences in the FRC to their prior experiences and about their suggestions concerning problem areas and additional needs. The data generated by the focus group will be used to evaluate the operation of the FRC (an outcome evaluation question) *and* to provide suggestions for improving the FRC's operation (a process evaluation question). The post-test focus groups will also be asked to provide an assessment of how they think the control group families are doing compared to the families receiving services through the FRC. Only the out-posted staff would be able to make a judgment about the control families because the FRC staff will be working only with families receiving services through the FRC. It is possible that some of the control families do not receive any of these services, so the information gathered would not cover all of the control families. It is likely that the out-posted staff will have some insight about the unmet need in the community, which would be discussed in the focus groups. Chart 2 summarizes the data to be collected for the first research question.

This part of the evaluation is consciously designed to provide information on the operation of the FRC and on the experience of the staff rather than to provide evidence concerning program outcomes. One of the features of the FRC is maximum input from staff (and communities and families) on system changes. The information generated by this aspect of the evaluation will actually become part of the program because it will provide a vehicle for staff input into center changes. This innovative feature of the evaluation is a strength of the design.

Research Question Two

A simple pre- and post-test design is not a strong design for drawing conclusions about program outcomes. To answer questions about the impact of the FRC on individual children and families, we propose a randomized controlled experiment with two treatment groups and one control group. We suggest supplementing the randomized design with a nonequivalent control group design, using the same two treatment groups and a nonrandomized comparison group of families in other communities.[49] Each of the four groups will consist of approximately 125 families. The strength of the experimental aspect of the design lies in the ability to maximize the internal validity of the conclusions.[50] That is, with randomization of the treatment and control groups, it is possible to rule out explanations other than the treatment for any measured difference between the groups. This is a compelling feature of such designs. Chart 3 summarizes the design.

The Robinswood FRC is the first of five potential centers in the city, and it will be the site for the evaluation. Low-income families are eligible to receive services from the FRC, but the center cannot serve all of the eligible families. This provides an opportunity to assign families on a

[49] For extensive discussions of these designs, see Cook, T., & Campbell, D. (1979). *Quasi-experimentation: Design and analysis issues for field settings.* Chicago, IL: Rand McNally.

[50] Cook, T., & Campbell, D. (1979). *Quasi-experimentation: Design and analysis issues for field settings.* Chicago, IL: Rand McNally.

random basis to receive services or not. Those who are referred to the FRC but who are not selected to receive services provide an equivalent control group for the evaluation. There would be a lottery to determine assignment to the experimental or control group, and this would be advertised widely among the relevant stakeholders and in the community.

The treatment is defined as case management to organize the delivery and referral of services. Case management is the prime vehicle for providing the comprehensive, coordinated services that are the hallmark of an FRC model of service delivery. The specific services provided would depend on the needs of the children and families referred to the FRC. Given the importance of early childhood development to the thrust of this particular FRC, we will focus on the families receiving childcare services to further define the treatment groups. All families living in poverty are eligible, but not all can be served due to financial and space constraints. Seventy-five children aged from birth to 4 years can be given child care in the FRC; another 50 children aged 5 to 11 can receive after-school services, tutoring, and the like. These 125 children and their families will be selected by lottery from those referred to the FRC, and they will constitute the first treatment group (X_A in chart 3). Their treatment will be childcare and any other services deemed appropriate by the case manager. The second treatment group, also selected by lottery, will be those families who are not selected for the childcare lottery but who are otherwise in need of FRC services. They will receive, as their treatment, the case manager and all services necessary, other than child care (X_B in chart 3). The control group will be those families who do not receive a placement in the lottery. They will be maintained on a waiting list for future placement lotteries. The social services that the control families receive during the study will be those they already receive from the status quo system. We feel that it is important to include family variables in the analysis because these have been shown to be related to a range of relevant outcomes; we will therefore stratify families into groups based on race/ethnicity, length of time in the community, and type of family (single-parent and two-parent) before the random assignment.

There is also a quasi-experiment to this aspect of the evaluation. We propose using a nonequivalent control group design to compare the families receiving services from the Robinswood FRC with families in another neighborhood in Old Grove that will eventually have its own FRC. This is an important aspect of the design for two reasons. First, it provides a quasi-experimental backup for the randomized experiment in the event that the randomization process breaks down over the course of the experiment. This may occur if there is a flaw in the process of random assignment or if politics make random assignment for the duration of the evaluation unacceptable. Second, the FRCs in other neighborhoods will be evaluated as they are opened, and the data collected during the Robinswood evaluation could be used as pre-test data in those evaluations. The neighborhood to be used as a site for the comparison group will be selected on the basis of similarity to Robinswood and the projected date for establishment of its FRC. Ideally, the comparison group would come from a neighborhood similar to Robinswood and its FRC would be the last of the five planned. This way, issues of comparability would be maximized and the comparison group would remain a comparison possibility for the duration of the evaluation of the Robinswood FRC. Given that treatment is defined as the case management and coordinated services provided by an FRC, the neighborhood would not be an appropriate site for a nontreatment comparison group once it has an FRC.

We considered using a nonequivalent control group composed of those families in Robinswood who are eligible for FRC services but who, for some reason, are not referred for them. We opted for families in other communities because we felt that eligible families who are not referred may differ in important yet unmeasured ways from those families who are. These families may, however, be a relevant comparison group, and they will be included if resources allow.

The data will be collected by periodic interviews with the families. There will be three waves of data collection: a pre-test before the FRC provides services; a post-test 9 months after a family enters the FRC; and a second post-test 18 months after its initial contact with the FRC. Observations could also be made at later times if the evaluation is to continue for the full five-year period. We propose supplementing the basic design with additional observations at Year Three and at Year Five. These are not included in chart 3 summarizing the design, but they would provide important data on the long-term outcomes of the FRC. It is not clear that resources would be available for these two additional observation waves, and the results of the evaluation after the first 18 months would be an important determinant of the availability of resources for this aspect of the research. Chart 4 summarizes the data to be collected on the relevant outcomes for Question Two at each observation time.

Face-to-face interviews will be conducted in the homes of the families in each group. An observation of parent-child interaction (e.g., a teaching task) will be conducted in a subsample of families. Those in the two treatment groups and the randomized control group will be determined by random assignment from those who are referred to the FRC. The families in the comparison group will be sampled from the selected neighborhood(s). In order to select a sample, we will stratify by race/ethnicity, length of time in the community, and type of family (single-parent versus two-parent) because these are important variables potentially related to the outcomes to be examined. This will require an initial screening stage in the sample plan.

Research Question Three

The community-level question focusing on the long-term outcomes of the FRC will be addressed with a quasi-experimental interrupted time series design. This is a powerful design for analyzing community-level trends before an intervention (in this case the FRC) and the change in the trends after the intervention. The design is summarized in chart 5.

There are several observations before the intervention, followed by several observations after the intervention. Chart 5 indicates five observations before the intervention and five after the intervention, but there would actually be many more than this. We used five to simplify the presentation. The specific number of observations will depend on the available archival data.

The preintervention series is used to project what the series would look like without the intervention; this projection is then compared with the actual postintervention series to make a judgment about the change associated with the intervention. In many cases, time series statistical techniques are used to model the preintervention series, but this generally requires 30

observations.[51] Without monthly series on the relevant variables to be observed, it is doubtful that sufficient observations would be available to make the formal statistical approach reliable. Exploratory data analysis techniques relying on graphing of the data could be used as an alternative.[52] The decision concerning which approach to use for the FRC evaluation will depend on the data available. It is anticipated that data would be available on a range of economic trends (unemployment, poverty), educational trends (average school completion, attendance rates, drop-out rates), community health trends (immunization, disease, utilization), and crime trends (rates for teens, types of crime problems).

Several comparison groups will be used as part of the interrupted time series design. Chart 5 includes four comparison groups (the series without the intervention, X), one for each of the other communities where Old Grove officials plan to open FRCs. Because only Robinswood will have an FRC initially, it is possible to use these other communities as comparison groups. As an FRC is established in each community, the design will change in terms of the number of treatment groups and comparison groups. For instance, if Old Grove opens an FRC in a second community, that community would become a second treatment group, joining Robinswood. The preintervention series for this second community would include all the data collected as part of the initial time series analysis. The remaining three communities would serve as comparisons for both Robinswood and the second community for this second phase of the time series analysis.

Aggregate data on several community indicators would be collected, including data on economic trends, education, community health, poverty and unemployment, and crime. Chart 6 summarizes the type of data to be collected.

This aspect of the design can be carried out over the entire five-year period with minimal additional expenditure. Once the baseline is established, the data can be routinely collected by the FRC staff and analyzed for trends. The kinds of community impacts that are goals of the FRC take time to be realized, so the results of the longer-term data collection effort will probably be more revealing than the results of the evaluation completed after the Robinswood FRC's first 18 months of operation. As more FRCs open, the aggregate statistics should begin to reflect the enhanced delivery of services, provided the FRC concept is working to bring about its short-term goals and that these lead to its long-term goals. It is possible, of course, that the FRCs do successfully coordinate and integrate services but that these services do not achieve the desired long-term outcomes of improving the lives of families, children, and the community.

---

[51] Rossi, P., & Freeman, H. (1993). *Evaluation: A systematic approach* (5th ed.). Newbury Park, CA: Sage Publications.

[52] Hamilton, L. (1990). *Modern data analysis: A first course in applied statistics.* Pacific Grove, CA: Brooks/Cole.

Staffing

The evaluation study is limited by a budget of $100,000 per year. For the first wave of the study, only the Robinswood FRC is operating, so only it will be included in the evaluation. However, as other FRCs open, they will be incorporated into the evaluation study. In order to conduct the evaluation following methodologically sound procedures, we will assume that the research team is a university-based team, including faculty members as principal investigators and undergraduate and graduate students as research assistants who will receive course-credit for their work on the evaluation. The students will be paid on an hourly basis for times when they are not registered for courses (e.g., summer break, semester break). Involving students will make it possible to collect the considerable amount of data proposed while adhering to the evaluation's budget. In addition, a full-time study coordinator will be hired. This would be an M.A.-level researcher having previous experience evaluating social programs.

The proposed budget for each year is:

Study coordinator	$40,000 (including fringe)
Student hourly help	$20,000
Consultant fees for faculty	$20,000
Hourly help by FRC staff	$10,000
Computer, supplies, photocopying	$6,000
Overhead (to be negotiated)	$4,000

There are considerable advantages to having a university-based research team. Student help is relatively inexpensive and flexible. Faculty researchers are experienced in various phases of the research effort. Overhead charges are negotiable, particularly for research conducted for non-profit social service agencies. On the other hand, there are drawbacks. The academic calendar does not always correspond to research needs; this is why a study coordinator is crucial. Students are inexperienced and therefore unreliable in some ways. Faculty members have multiple campus-based demands on their time. Nonetheless, on balance, a university-based team can do high-quality work efficiently and effectively.

Communication of Results

It is important to communicate the evaluation's results in a thorough yet timely manner to the FRC and to as many relevant stakeholders as possible. We will present results from Question One as soon as they are available, as part of the focus groups, for maximum feedback to staff. We plan to present the results of the first 18 months of the evaluation in a formal, written report to be submitted to the funding agencies and to the CAB. Which aspects to emphasize and details of the presentation will be worked out in consultation with the CAB. In addition, we will organize several community forums to present the results to the community in general. These

will be supplemented by presentations to the FRC staff and by press releases. If the evaluation continues for the full five years, periodic written and oral presentations will be made, on at least a yearly basis.

Problems with Experimental/Quasi-Experimental Designs for Evaluating an FRC

The research resulting from experimental/quasi-experimental designs would provide information valuable to an assessment of the Robinswood FRC. Nonetheless, such designs present problems, particularly for the evaluation of social interventions like FRCs.

One obvious problem is the definition of *treatment.* The FRC provides many services in many different forms; the treatment is not the same for each family, nor is it meant to be. It is therefore important to monitor just what families receive as they move through the FRC in order to measure the variation that exists. By asking families about their experiences, we hope to measure the particular services received and how they are delivered. While the definition of the treatment provided by the FRC is problematic, we do believe that it is important to determine whether the families in the FRC are better off than those in the control group, regardless of what particular services they are receiving. If families are not better off, it would be important to determine whether there is a problem in the program operation or in the theoretical assumption that comprehensive, coordinated service delivery is superior to the status quo.

A second problem is that it is difficult to carry out an experimental design in a field setting as opposed to in a laboratory. Families move, drop out of the program, or otherwise remove themselves from the study. The extent to which this happens affects the researchers' ability to rely on the strengths of the initial randomization. We have built a quasi-experimental nonequivalent control group design into the proposed study to provide comparative data even if the attrition problem invalidates the experimental design. Because the data to be collected at the pre-test would be extensive, we could use statistical controls to assess program impact.

The evaluation challenges are extensive. At the same time, the promise of the family resource movement and FRCs like the Robinswood FRC require the strongest evaluation designs possible. We believe that an experimental/quasi-experimental approach, as outlined here, would provide data valuable for program development and program support. There is the possibility that short-term and/or long-term goals are not met, and the proposed evaluation would help to demonstrate program effectiveness in achieving the stated goals. The design of this evaluation includes both short-term and long-term outcomes, so the results could help in determining program success, program shortcomings, and the adequacy of the theoretical rationale of the family resource movement.[53]

---

[53] Weiss, C. (1972). *Evaluation research: Methods of assessing program effectiveness.* Englewood Cliffs: Prentice Hall, pp. 38-40; Young, N., Gardner, S., & Coley, S. (1994). Getting to outcomes in integrated service delivery models. In N. Young et al. (Eds.), *Making a difference: Moving to outcome-based accountability for comprehensive service reform* (pp. 7-12). Falls Church, VA: National Center for Service Integration.

Chart 1. The Conceptual Model and the Research Questions

Short-term		Long-term	
Services Coordination Integration Management	Better quality care	Healthier families and children	Healthier communities
Intervention	Question 1: Process	Question 2: Outcome	Question 3: Outcome

Chart 2. Research Question One Measures: Service Delivery Level

Construct	Index	Source
Staff training	Child development Communication Coordination of services	Questionnaire Questionnaire Questionnaire
Coordination of services	Focus groups	Center and outposted staff Parents

Chart 3. Summary of Design of Experimental Control and Comparison Families for Research Question 2

	Pre-test	Center opens	9 Months	18 Months
R	O_1	X_A	0_2	0_3 Treatment group 1
R	O_1	X_B	O_2	O_3 Treatment group 2
R	O_1		O_2	O_3 Control group
	O_1		O_2	O_3 Comparison group

Where **R** indicates the group has been formed through random selection

O indicates an observation period

X indicates a treatment

Chart 4. Research Question Two Measures: Individual Child and Family Level

Construct	Index	Source
Parents		
• Educational achievement	Years of education	Self-report
	Reading level	Self-report
	Number of college credits	Self-report
• Job readiness	Employment status	Self-report
	Occupational prestige	Self-report
• Economic self-sufficiency	Public benefits services	Archival
	Home ownership status	Self-report
• Social skills	Social competence measure	Self-report
• Physical health	Nutrition	Self-report
	Yearly physical exams	Self-report
	Yearly dental exams	Self-report
• Mental health	Depression, anxiety	Self-report
	Substance abuse	Self-report
Children		
• Educational achievement	Grades, grade retention	Archival
	School achievement tests	Archival
	Special education services	Archival
• Social skills	Social competence measure	Parent and teacher report
• Physical health	Immunization	Archival
	Nutrition	Archival
	Yearly physical exams	Archival
	Yearly dental exams	Archival
	Nutrition	Parent report
• Mental health	Adjustment	Parent and teacher report
Parent-child relationship		
• Parenting Style	Observations (subsample)	Videotaped interactions
	Questionnaire on parenting	Parent report

Chart 5. The Interrupted Time Series Design for Assessing Community Level Impacts

O_1 O_2 O_3 O_4 O_5 **X** O_6 O_7 O_8 O_9 O_{10}	Robinswood
O_1 O_2 O_3 O_4 O_5 O_6 O_7 O_8 O_9 O_{10}	Downey
O_1 O_2 O_3 O_4 O_5 O_6 O_7 O_8 O_9 O_{10}	Capetown
O_1 O_2 O_3 O_4 O_5 O_6 O_7 O_8 O_9 O_{10}	Morriston
O_1 O_2 O_3 O_4 O_5 O_6 O_7 O_8 O_9 O_{10}	Stubenville

Where **X** is the treatment (Family Support Center)

O is an observation time

Each group without an intervention is a different neighborhood in Old Grove

Chart 6. Research Question Three Measures: Community Level

Construct	Index	Source
Economic trends	Income-to-needs ratio	Archival-census
	Unemployment rate	Archival-census
	Public benefit services	Archival-census
Education	Attainment	Archival-school records
	Retention	Archival-school records
	Achievement test scores	Archival-school records
	Attendance	Archival-school records
Community health	Immunization	Archival-health records
	Disease incidence	Archival-health records
	Teen pregnancy rate	Archival-health records
Crime	Theft incidence	Archival-police records
	Violent crime incidence	Archival-police records
	Vandalism	Archival-police records

Glossary

Self-evaluation: An approach that is community-based, locally owned and wholly integrated into an ongoing strategic planning process. It focuses on the shared interests of policymakers, program managers and staff, and a variety of stakeholders for having sound evaluative data to use in policy, program, and budget decision making. The evaluation is focused on the user and on utilization of the evaluative data for decision making.

***Result or Outcome**: A condition of well-being for children, families, or communities. Results or outcomes are what we want at the bottom line for our children, our families and our communities. These conditions include healthy children, children ready for school, children succeeding in school, stable families and economically secure families. Results are understandable by lay people.

***Benchmark or Indicator**: A measure which helps quantify the achievement of results. Usually there is no single data element which captures results such as "healthy" children. It is, however, possible to identify measures which, taken together, give us an approximation of whether we are achieving a result. For example, the percent of infants born weighing more than 2500 grams is a benchmark of healthy children. Ideally, data for a benchmark should be available currently and collected regularly to track progress over time.

****Process evaluation**: A level of the evaluation process. Process evaluation includes activities that measure the number of actions and encounters conducted by initiative staff. These activities attempt to determine the degree to which the initiative is reaching its intended populations or producing its deliverables. The types of activities that generate process data include: attendance rosters, activity sheets, numbers of items produced, and numbers of persons seen.

****Impact evaluation**: A level of the evaluation process. Impact evaluation includes activities that measure changes in cognition, behavior, and attitudes of persons receiving benefit from the initiative. These measures are assumed to be precursors to the conditions or problems the initiative is to address. Impact data are usually in the form of: results of pre- and post-tests and descriptive questionnaires, self-reported behavior change, and follow-up questionnaires.

****Outcome evaluation**: A level of the evaluation process. Outcome evaluation includes activities that measure the degree to which children, families, and communities have improved their well-being as a result of the interventions. Outcome data are usually in the form of percent change in standard agency criteria, such as changes in infant mortality, teenage pregnancy, drop out rates, juvenile crime rates, and shifts in severity of problems.

****Objective**: Components of a good objective will have a time frame; the level of effort or the amount of change; the people involved or target population; and enough information to tell what information is needed to collect and track.

Strategy: A framework for action that provides basic direction; permits seemingly isolated tasks and activities to fit together; and moves separate efforts toward a common, integrated purpose.

Target population: The people who are to be helped by the activities. The target population may be defined by geographic boundaries (e.g. census tracts, municipality or county jurisdictions); by demographics (e.g. age of child or grade level); by economics (e.g. family income); or service areas (e.g. school districts, health districts, child welfare service areas, juvenile court service areas).

*Adapted from:

Center for the Study of Social Policy. (1995). *From outcomes to budgets: An approach to outcomes-based budgeting for families and children's services.* Washington, DC: Author.

**Adapted from:

Green, L. & Kreuter, M. (1992). *Health promotion planning: An educational and environmental approach.* Boston, MA: Mayfield Publishing.

Patton, M. Q. (1990). *Qualitative evaluation and research methods.* Newbury Park, CA: Sage Publications.